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County Borough of Blackpool.



ANNUAL REPORT

For the Year 1936.

By

E. W. REES-JONES,

M.D., Ch.B., D.P.H.

Medical Officer of Health,
School Medical Officer, and
Medical Superintendent of the
Infectious Diseases Hospital.



County Borough of Blackpool.



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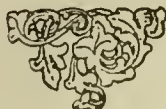
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PUBLIC HEALTH OFFICES,
SEFTON STREET,
BLACKPOOL.

*To the Chairman and Members of the Health Committee
of the Blackpool Corporation.*

MRS. QUAYLE AND GENTLEMEN,

I submit to you herewith my report upon the health conditions and the activities of the Health Department during 1936.

It will be noted that the resident population is increasing year by year, and for the middle of 1936 the Registrar General has estimated it at 121,700. The number of inhabited houses is 36,041, being an increase of 1,500 on the figure for 1935.

The Statistics are on the whole satisfactory, the Birth and Death Rates being 10.3 and 14.2 respectively. The Infant Mortality Rate was 63 per 1000 births, and though this is a slight increase on the two previous years it is a very great improvement on many of the previous years. The Maternal Mortality Rate was 4.6, which is a very gratifying improvement on our previous records.

Each section of the department grows and continues to grow in scope and activity and it is not possible for me even to summarise them in this short note, and I must leave the Report in your hands for your careful perusal. Our Social Services including Maternity and Child Welfare and Tuberculosis are very active. An Epitome of the provisions of the new Midwives Act is contained in the body of the Report and details of the working of the Act will be contained in subsequent Reports. With regard to Tuberculosis it will be noted that X-ray Examinations in diagnosis of this disease is being used freely.

In general sanitary work, disinfestation has occupied much of the time of the staff, and also considerable more activity is being spent in the Bacteriological samples of milk for Tuberculosis.

In all the subsections of the Department, including Maternity and Child Welfare, Tuberculosis, the Sanatorium, the Public Abattoirs, the general sanitary work and the clerical department, I have been greatly assisted by the willing and efficient co-operation of each of the Officers in charge of them and it gives me great pleasure in commending them to you.

The Committee suffered a serious loss in May 1936 by the death of its Chairman, Mr. Alderman Millington, J.P. He was succeeded in the Chairmanship by Mr. Coun. Bailey, J.P., M.P.S., and the interest both these gentlemen have displayed in the health of the town is deserving of gratitude by all ratepayers, including myself and the staff of the department.

I beg to remain, Mrs. Quayle and Gentlemen,

Your faithful servant,

E. W. REES JONES,

MEDICAL OFFICER OF HEALTH.
SCHOOL MEDICAL OFFICER.
MEDICAL OFFICER TO THE AIRPORT,
AND CERTIFYING OFFICER UNDER
THE CREMATION ACTS.

AUGUST, 1937.

HEALTH COMMITTEE.

Mr. Alderman	W. S. ASHTON, J.P. (Mayor from November, 1936).
„	„ W. NEWMAN, J.P. (Mayor to November, 1936).
„	„ TOMLINSON, J.P.
„	„ HILL, J.P. (to March, 1936).
„	„ MILLINGTON, J.P. (Chairman to June, 1936).
„	„ QUAYLE, J.P.
„ Councillor	ANDERSON (Senior), J.P.
„	„ BAILEY, J.P. (Chairman from June, 1936).
„	„ FAIRHURST
„	„ FURNESS
„	„ HILL, JOS.
„	„ HOLT, J.P. (Vice-Chairman from June, 1936).
„	„ HORSMAN
„	„ MACHIN (from November, 1936).
„	„ MOORE (from November, 1936)
„	„ OGDEN
„	„ QUAYLE, MABEL A.
„	„ WHITTAKER, J. W. (from November, 1936).
„	„ WEBSTER (to November, 1936).
„	„ WINSTANLEY

HEALTH GENERAL ACCOUNTS AND SUB-COMMITTEE.

Mr. Alderman	W. S. ASHTON, J.P. (Mayor from November, 1936).
„	„ W. NEWMAN, J.P. (Mayor to November, 1936).
„	„ TOMLINSON, J.P.
„	„ HILL, J.P. (to March, 1936).
„	„ MILLINGTON, J.P. (Chairman to June, 1936).
„	„ QUAYLE, J.P.
„ Councillor	BAILEY, J.P. (Chairman from June, 1936).
„	„ FAIRHURST (from November, 1936).
„	„ FURNESS
„	„ HILL, JOS.
„	„ HOLT, J.P. (Vice-Chairman from June, 1936).
„	„ OGDEN
„	„ WEBSTER (to November, 1936).
„	„ WINSTANLEY

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Mr. Alderman	W. S. ASHTON, J.P. (Mayor from November, 1936).
„ „	W. NEWMAN, J.P. (Mayor to November, 1936).
„ „	TOMLINSON, J.P.
„ „	HILL, J.P. (to March, 1936).
„ „	MILLINGTON, J.P. (Chairman to June, 1936).
„ Councillor	BAILEY, J.P.
„ „	FAIRHURST
„ „	FURNESS
„ „	HILL, Jos.
„ „	HOLT, J.P.
„ „	MACHIN (from November, 1936).
„ „	OGDEN (from November, 1936).
„ „	MABEL A. QUAYLE (Chairman, July, 1936).
„ „	WINSTANLEY (from November, 1936).
Mrs. A. OLIVER	
Mrs. ASHTON	
Mrs. OATES	
Mrs. FARRELL	
Miss O. WELLS	

TUBERCULOSIS SUB-COMMITTEE.

Mr. Alderman	W. S. ASHTON, J.P. (Mayor from November, 1936).
„ „	W. NEWMAN, J.P. (Mayor to November, 1936).
„ „	TOMLINSON, J.P.
„ „	HILL, J.P. (to March, 1936).
„ „	MILLINGTON, J.P. (Chairman to June, 1936).
„ Councillor	ANDERSON (Senior), J.P.
„ „	BAILEY, J.P. (Chairman from June, 1936).
„ „	FAIRHURST (from November, 1936).
„ „	FURNESS
„ „	HILL, Jos.
„ „	HOLT, J.P. (Vice-Chairman from June, 1936).
„ „	MACHIN (from November, 1936).
„ „	OGDEN (from November, 1936).
„ „	M. A. QUAYLE
„ „	WINSTANLEY
Dr. H. T. BARTON	
Mr. J. H. HURSTFIELD	

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

Medical Officer of Health :

E. W. REES-JONES, M.D., Ch.B., D.P.H.

Assistant Medical Officers of Health :

G. W. MURRAY, M.B., Ch.B., D.P.H.

Tuberculosis and Venereal Diseases Medical Officer.

ISABELLA A. MILNE, M.B., Ch.B., M.M.S.A.

Maternity and Child Welfare and Venereal
Diseases Medical Officer.

Public Vaccinators :

H. E. COCKCROFT, M.R.C.S., L.R.C.P.

J. G. LOUDEN, M.B., Ch.B.

A. C. MILLER, M.B., Ch.B.

Consultant Aural Surgeon :

E. MILNE EATON, M.D., Ch.B.

Dental Surgeons (Part-time) :

J. B. ELTON, L.D.S.

L. C. TAYLOR, L.D.S.

Miss H. GARFORD, L.D.S.

Pathologists :

Pathological work is carried out by the Pathologists
at the Manchester Public Health Laboratories.

Public Analyst :

T. R. HODGSON, M.A., F.I.C., F.C.S. (Part-time).

Veterinary Surgeon :

TOM WALKER, M.R.C.V.S. (Part-time).

Sanitary Inspectors :

*H. PRIESTLEY, Senior Inspector.

Assistants :—

*J. TOLMAER

*W. MOISTER

*A. E. FITTON

*N. GREEN (to July, 1936).

*E. SHUTTLEWORTH

C. H. WRIGHT (from September, 1936).

*E. SMITH

T. ROWORTH (Pupil)

Meat and Foods Inspectors :

*H. V. DIXON

*G. A. COX

Abattoir Superintendent :

*J. SHANKS

*Holders of Certificates of the Royal Sanitary Institute.

Matron, Infectious Diseases Hospital :

Miss H. M. WHITAKER

Health Visitors :

xR. J. SAUVAIN	§†xF. E. AINSWORTH
†xJ. GIBSON	§†xD. LEA
†xC. HILL	§†xM. F. THOMAS

Infectious Diseases Nurse :

*†B. McCORMACK

Tuberculosis Nurse :

§†xM. PARKER

District Nurses :

†xA. B. WHITE	†xB. ENGLAND
†L. ROBINSON	†*xM. PARTINGTON

*Fever Trained. xCentral Midwives' Board Certificate. §Royal
Sanitary Institute Certificate. †General Trained.

Clerical Staff :

EDWARD SMITH, Chief Clerk

G. E. FIELDING	G. BOOTH
H. SMITH	H. OLDHAM
E. BARLOW (to June)	R. PRYAR
W. G. DIGGLE	R. DOWLING
J. WILLIAMS	S. LUND

Miss V. CLARK

Miss N. BROWN

Miss OATES

Meteorological Observer :

H. SMITH

Vaccination Officers :

E. W. REES-JONES, M.D., Ch.B., D.P.H., Northern Area.

J. A. JUMP, Southern Area.

CLINICS.

MATERNITY AND CHILD WELFARE CLINICS.

Day.	Hour.	Place.
Monday ...	9-30 a.m.	BIRTH CONTROL CLINIC (by appointment only) and ARTIFICIAL SUNLIGHT CLINIC, at Public Health Office.
	2-0 p.m.	INFANT WELFARE CLINICS : St. Mary's Church Hall, Highfield Road, and Public Health Office.
Tuesday ...	9-30 a.m.	ANTE-NATAL CLINIC : Public Health Office.
Wednesday...	2-0 p.m.	ANTE-NATAL CLINIC : Sanatorium.
Thursday ...	2-0 p.m.	INFANT WELFARE CLINICS : Public Health Office and Red Bank Road, Bispham.
Friday... ..	2-0 p.m.	ANTE-NATAL CLINICS : St. Mary's Church Hall, Highfield Road (Weekly) and Red Bank Road, Bispham (alternate Fridays)

TUBERCULOSIS CLINICS, AT PUBLIC HEALTH OFFICE.

Day.	Hour.	Place.
Monday ...	2-0 p.m.	Contact Cases (by appointment only).
Tuesday ...	2-0 p.m.	Tuberculosis Clinic
Thursday ...	9-30 a.m.	Artificial Sunlight Clinic.
Friday... ..	2-0 p.m.	Tuberculosis Clinic.

VENEREAL DISEASES CLINICS.

Day.	Hour.	Place.	
Monday ...	4-45 p.m.	Males	VICTORIA HOSPITAL. Irrigation facilities available throughout the day.
Tuesday ...	5-0 p.m.	Females	
Wednesday...	11-0 a.m.	Males	
Thursday ...	4-45 p.m.	Males	
Friday... ..	11-0 a.m.	Females	
Saturday ...	11-0 a.m.	Males	

DIPHTHERIA IMMUNISATION CLINICS.

Day.	Hour.	Place.
Saturday ...	9-30 a.m. to 10-30 a.m.	Public Health Office.

TELEPHONE NUMBERS :

Public Health Office : 2721, 2722 (Two Lines).

Sanatorium : 173.

Medical Officer of Health's Residence : 217.

Dr. Milne's Residence : 1780.

Dr. Murray's Residence : 51188.

GENERAL STATISTICS.

Area (exclusive of foreshore)	8,512 acres
Area of Foreshore and Crown Lands	2,068 acres
Number of inhabited houses	36,041
Number of empty houses	1,098

POPULATION :

Census, 1931	101,543
Corrected by Registrar General, 1931	98,360
Do. do. 1932	101,400
Do. do. 1933	104,100
Do. do. 1934	116,550
Do. do. 1935	120,200
Do. do. 1936	121,700

Rateable Value : Borough Rate £1,587,089

Sum represented by a penny rate. Year to 31st March,
1936 £6,138 11s. 2d.

Density of the whole town, and of each Ward, based upon the population issued by the Registrar General :—

Blackpool	14.1 per acre
Bispham ... 6.1	Tyldesley ... 34.6
Warbreck ... 17.7	Alexandra ... 38.8
Claremont ... 39.8	Victoria ... 26.9
Talbot ... 34.9	Waterloo ... 19.8
Bank Hey ... 33.7	Layton ... 12.0
Brunswick ... 34.8	Marton ... 14.9
Foxhall ... 49.4	Stanley ... 6.6

The following table gives the actual land area and estimated (local) population of the town generally, and each of the Wards. These figures are based upon there being 3.24 persons per inhabited house with the exception of Bispham Ward North which is based upon 2.68, and Bispham South upon 2.81 persons per house :—

	Area in Acres.	Population.		Area in Acres.	Population.
Blackpool ...	8,512	120,503	Tyldesley ...	229	7,925
Bispham ...	2,123	12,959	Alexandra ...	168	6,519
Warbreck ...	388	6,878	Victoria ...	356	9,583
Claremont ...	135	5,381	Waterloo ...	652	12,950
Talbot ...	144	5,022	Layton ...	1,051	12,626
Bank Hey ...	94	3,175	Marton ...	786	11,702
Brunswick ...	144	4,785	Stanley ...	2,097	13,832
Foxhall ...	145	7,166			

**SUMMARY OF VITAL STATISTICS OF THE COUNTY BOROUGHES
IN LANCASHIRE FOR 1936.**

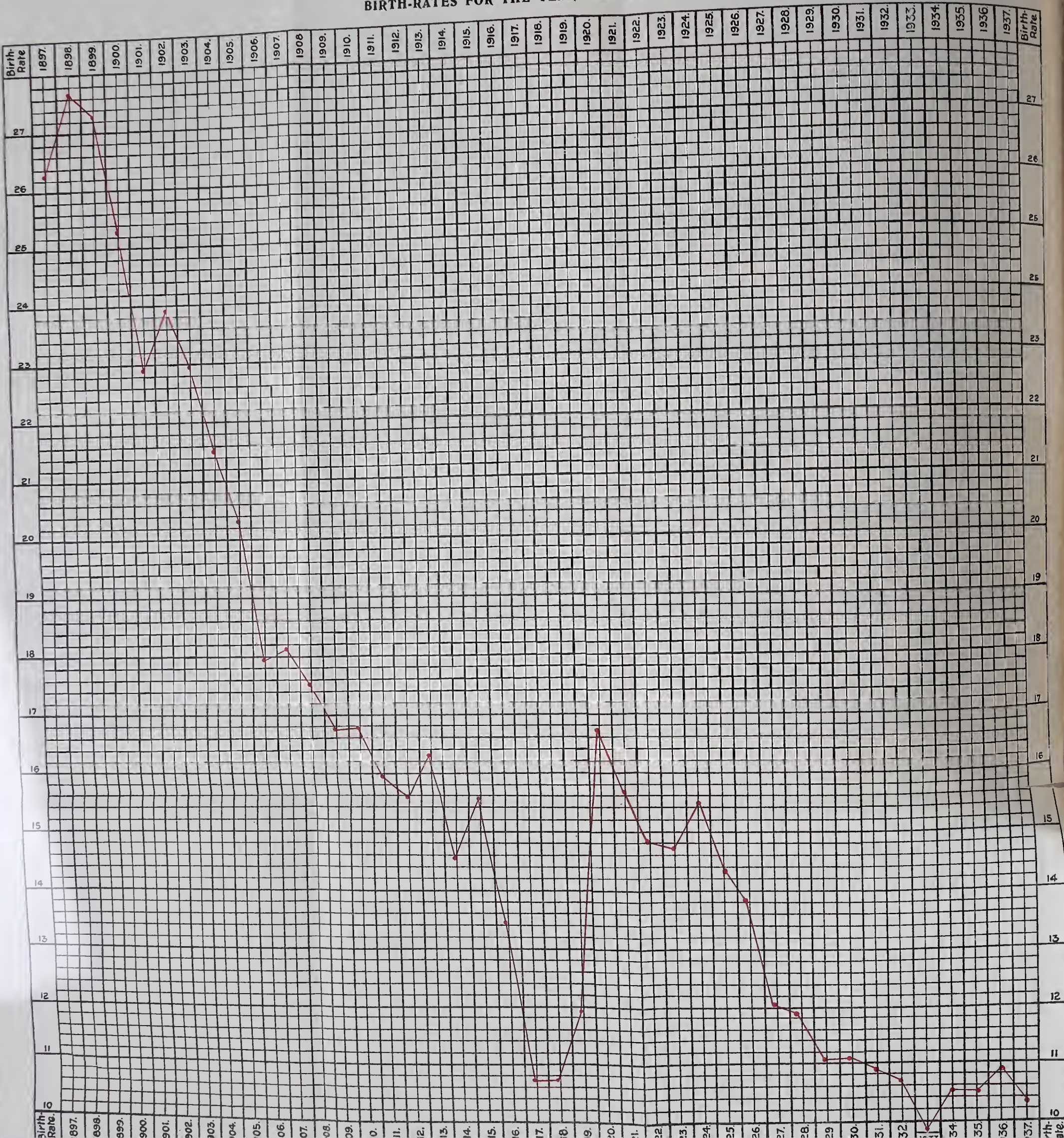
AUTHORITY	Estimated Civil Popula- tion.	Birth Rate	Crude Death Rate	Infant Mortal- ity.	Maternal Mortal- ity.	Tuberculosis Death Rate (all forms) per million population.
		per 1,000 population.		per 1,000 births. (Live)		
Blackpool	121,700	10.8	14.2	63.0	4.6	632
Bolton	172,900	12.4	13.7	58.0	4.6	688
Burnley	91,390	12.2	14.1	63.6	6.3	711
Bury	59,860	13.9	13.6	56.0	4.6	619
Liverpool	867,110	20.1	12.9	75.0	3.7	967
Manchester	759,058	14.7	13.5	77.3	5.2	1012
Southport... ..	79,280	10.1	12.4	51.0	3.8	520

Of the 1,905 resident deaths in 1936 the causes of 1,717 or 90.3 per cent. were certified by medical practitioners. Inquests were held respecting 140 or 7.2 per cent., whilst the remaining 48 or 2.5 per cent. were uncertified.

The Ward statistics regard to death rates are as follows :—

Wards.			Death Rate, 1936.
Bispham ... ..	...	...	14.3
Warbreck ... ..	...	...	14.4
Claremont ... ..	...	...	19.5
Talbot ... ..	...	...	24.1
Bank Hey ... ..	...	...	16.1
Brunswick ... ..	...	...	22.8
Foxhall ... ..	...	...	18.0
Tyldesley ... ..	...	...	16.4
Alexandra ... ..	...	...	19.8
Victoria ... ..	...	...	16.2
Waterloo... ..	...	...	12.9
Layton ... ..	...	...	15.9
Marton ... ..	...	...	15.7
Stanley ... ..	...	...	10.1

BIRTH-RATES FOR THE YEARS 1897-1937



EXTRACTS FROM VITAL STATISTICS

					Total.	M.	F.
Births : Legitimate...	...	...	...	...	1,242	659	583
Illegitimate	...	...	...	...	75	42	33
Birth Rate	...	...	...	...	10.8	per 1,000.	
Stillbirths	...	...	...	...	77	48	29
Do.	Rate per 1,000	Total (Live and Stillbirths)			55.2		
Deaths	...	...	...	...	...	1,905	
Death Rate	...	...	...	...	...	14.2	per 1,000
Number of women dying in or in consequence of child birth :—							
(a) From Sepsis	...	...	...	...	...	...	3
(b) From other causes	...	...	...	...	...	...	3

Maternal Mortality Rate :—

			Puerperal Sepsis.	Others.	Total.
Blackpool :	per 1,000 Live Births	...	2.3	2.3	4.6
	per 1,000 Total Births	...	2.1	2.1	4.2
England and Wales :	per 1,000 Live Births	...	1.4	2.4	3.8
	per 1,000 Total Births	...	1.3	2.3	3.6
Infant Mortality per 1,000 births	...	...	...	...	63.0
Deaths from Measles (all ages)	...	...	...	...	8
Do. Whooping Cough (all ages)	...	...	...	...	2
Do. Diarrhœa (under 2 years)	...	...	...	...	1

(a) **Births.**—During the year 1,317 births were registered, including 5 in the Fylde Institution. These, divided into sexes for the four quarters of the year were as follows :—

	1st qtr.	2nd qtr.	3rd qtr.	4th qtr.	Total.
Males	155	185	186	175	701
Females	146	172	156	142	616
Total	301	357	342	317	1,317

The birth-rate was 10.8 per 1,000 of the population. I have in many previous reports commented upon our low birth-rate. It is low in comparison with the country as a whole (14.8) and also in comparison with many industrial towns (e.g., Liverpool) but appears to be on a par with some similar non-industrial towns (e.g., Southport).

I have offered some explanation in the fact that in towns of the nature of Blackpool, the percentage of married women of child-bearing age is comparatively small. Nevertheless, the present rate of 10.8 compares with 38.8 in 1878, and the Table on pages 12 and 13, and the chart facing this page will indicate the downward tendency. It must be hoped that the smaller number of children will mean improved prospects of their being reared well. If this is so, the lowered birth-rate will not be an unmixed evil.

Year.	Birth Rate Blackpool.	Birth Rate Blackpool compared with rate for 1878 taken as 100.	Birth Rate England and Wales.	Birth Rate England and Wales compared with rate for 1878, taken as 100.
1878	38.8	100	35.6	100
1879	36.6	94.3	34.7	97.5
1880	34.0	87.6	34.2	96.1
1881	30.6	78.9	33.9	95.2
1882	30.0	77.3	33.8	94.9
1883	30.0	77.3	33.5	94.1
1884	29.8	76.8	33.6	94.3
1885	27.4	70.6	32.9	92.4
1886	25.9	66.8	32.8	92.1
1887	25.3	65.2	31.9	89.6
1888	24.5	63.1	31.2	87.6
1889	26.5	68.3	31.1	87.4
1890	23.7	61.1	30.2	84.8
1891	22.3	57.5	31.4	88.2
1892	24.0	61.9	30.4	85.4
1893	22.4	57.7	30.7	86.2
1894	23.9	61.6	29.6	83.1
1895	26.7	68.8	30.3	85.1
1896	25.7	66.2	29.6	83.1
1897	26.25	67.7	29.6	83.1
1898	27.74	71.5	29.3	82.3
1899	27.34	70.5	29.1	81.7
1900	25.27	65.1	28.7	80.6
1901	22.90	59.0	28.5	80.1
1902	23.96	61.8	28.5	80.1
1903	22.97	59.2	28.4	79.8
1904	21.53	55.5	27.9	78.4
1905	20.30	52.3	27.2	76.6
1906	17.91	46.2	27.1	76.1
1907	18.09	46.6	26.3	73.9
1908	17.54	45.2	26.2	73.6
1909	16.70	43.0	25.6	71.9
1910	16.74	43.1	24.8	69.7
1911	15.97	41.2	24.4	68.5
1912	15.50	39.9	23.8	66.9
1913	16.25	41.9	23.9	67.1
1914	14.47	37.3	23.8	66.9
1915	15.54	40.0	21.8	61.2
1916	13.40	34.5	21.6	60.7
1917	10.64	27.4	17.8	50.0
1918	10.63	27.4	17.7	49.7
1919	11.84	30.5	18.5	52.0
1920	16.71	43.1	25.4	71.3
1921	15.61	40.2	22.4	62.9
1922	14.80	38.1	20.6	57.8

Year.	Birth Rate Blackpool.	Birth Rate Blackpool compared with rate for 1878 taken as 100.	Birth Rate England and Wales.	Birth Rate England and Wales compared with rate for 1878, taken as 100.
1923	14.76	38.0	19.7	55.3
1924	15.43	39.7	18.8	52.8
1925	14.36	37.0	18.3	51.4
1926	13.65	35.2	17.8	50.0
1927	11.85	30.5	16.7	46.9
1928	11.53	29.7	16.7	46.9
1929	10.94	27.1	16.3	45.7
1930	10.87	27.9	16.3	45.7
1931	10.85	27.5	15.8	44.3
1932	10.53	27.5	15.3	42.9
1933	9.97	26.8	14.4	40.4
1934	10.50	31.0	14.8	41.5
1935	10.42	32.3	14.7	41.3
1936	10.8	33.9	14.8	41.6

I made some references in previous Annual Reports to the subject of Contraception. As far as the present position is concerned, the Ministry of Health approve the giving of advice in contraceptive methods to married women on sufficient "medical grounds," but such advice should be limited to cases where further pregnancy would be detrimental to health. This is the policy adopted by us and the cases are selected with the most meticulous care. Cases have been treated under our Maternity and Child Welfare Scheme where it would be almost inhuman to allow a woman to go through the great risks of a further pregnancy or confinement.

There were 76 illegitimate children born during the year, including 5 at the Fylde Institution. This figure gives the following rates :—

- (1) 0.62 per 1,000 of the inhabitants.
- (2) 2.61 per 1,000 females of conceptive age.*
- (3) 5.77 per cent. of the total live births.

*Calculated on there being 29,115 females at child-bearing age—20 to 45.

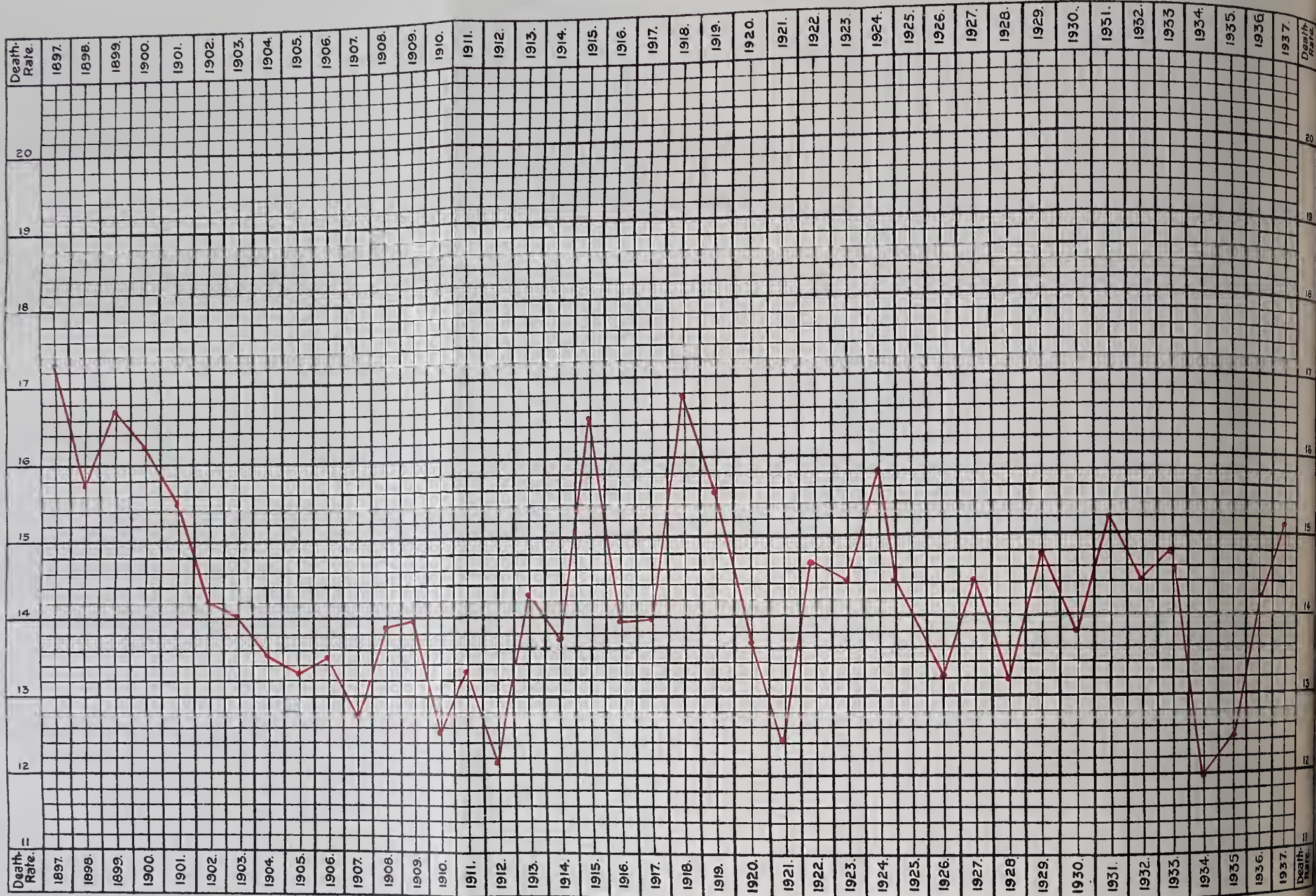
These figures for the past few years have been as follows :—

ILLEGITIMATE RATES.

	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925
Per 1,000 Inhabitants...	...	...	...	...	...	...	...	...	...	...	...	...
Per 1,000 Females of Conceptive Age ...	2.61	3.41	2.66	3.15	3.01	3.86	3.60	3.93	4.13	3.18	4.76	4.40
Per cent. Total Live Births ...	5.77	7.82	6.06	7.51	7.77	8.43	7.92	8.61	8.41	6.43	8.35	7.32

YEAR.	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910
Per 1,000 Inhabitants ...	1.46	1.18	1.17	1.44	1.39	1.78	1.18	1.23	1.18	1.18	1.03	1.31	1.45	1.29	1.13
Per 1,000 Females of Conceptive Ages ...	6.10	4.96	4.92	6.02	5.82	7.47	4.98	5.14	4.95	4.96	4.17	5.48	6.07	5.27	4.61
Per cent. Total Live Births ...	9.45	8.02	7.93	9.20	8.31	14.98	11.18	11.52	8.81	7.62	6.87	8.05	9.35	8.10	6.76

DEATH RATES 1897-1937.
CORRECTED FOR AGE AND SEX DISTRIBUTION.



The second figure, i.e., the proportion of illegitimate births to women at conceptive ages, is the one which represents best the progress of illegitimacy in the country, and it shows a considerable and gratifying improvement on most of the previous years.

(b) **Deaths.**—The number of deaths of Blackpool residents which occurred during the year was 1,905. This figure includes the deaths of 119 persons in the Fylde Institution, and of 106 persons in areas outside Blackpool.

The deaths, divided into sexes for the four quarters of the year, were as follows :—

	1st qtr.	2nd qtr.	3rd qtr.	4th qtr.	Total.
Males	283	236	175	238	932
Females	284	226	223	240	973
Total	567	462	398	478	1,905

The death rate for the year was 14.2 per 1,000 of the population and the progress of the rate year by year will be seen on reference to the chart facing this page. The comparison of this rate with other portions of the country is as follows :—

England and Wales	...	...	12.1 per 1,000
122 Great Towns ...	...	...	12.3 „
143 Smaller Towns	...	...	11.5 „
London ... ..	...	...	12.5 „
Blackpool ... ..	...	...	14.2 „

The Death Rate is calculated upon a population of 121,700 which shows a crude death rate of 15.6 per thousand of the population. The crude death rate thus arrived at has to be multiplied by a factor supplied by the Registrar General in order to make the rate comparable from a mortality point of view with the crude death rate of the country as a whole, or with the mortality of any other local area.

The percentage of the deaths in the various age groups, with similar figures for a series of previous years are as follows :—

Age Period.			1936	1935	1934	1933	1932	1931	1930	1929	1928
Under 12 months	...	...	4.3	3.4	4.7	4.5	5.5	5.1	5.2	4.2	6.2
1 and under 5 years	...	...	1.3	1.4	1.1	1.8	1.5	1.8	1.6	2.2	2.3
5 and under 65 years	...	...	42.3	44.2	43.5	42.8	44.5	43.8	44.9	45.2	45.8
65 years and over	...	...	52.1	51.0	50.7	50.9	48.5	49.3	48.3	48.4	45.7

Age Period.			1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917
Under 12 months	...	...	5.5	7.6	9.0	7.0	7.1	6.9	8.4	8.5	7.72	7.89	6.9
1 and under 5 years	...	...	3.2	1.7	3.2	3.9	1.7	2.6	2.9	2.6	2.86	5.29	3.0
5 and under 65 years	...	...	46.9	47.8	47.5	47.0	48.1	48.6	45.1	48.9	52.43	55.37	50.3
65 years and over	...	...	44.4	42.9	40.3	42.1	43.1	41.9	43.5	39.9	37.00	31.45	39.7

The percentage of deaths over 65 years is increasing, and it may be said that one-half our population lives to be 65 years or over. In other words, people are living longer, and the average age at death is higher. It may reasonably be anticipated that the supervision of children in their pre-school days, which is now an integral part of the work of the Health Department, will produce a still more marked effect in improving the health of these children and in reducing still further their adverse vital statistics.

I have received from the Registrar General's office a list of the causes of deaths divided into sexes and age periods. These numbers differ somewhat from the compilation kept in my office, owing to the fact that the Registrar General's figures cover the period of a calendar year whereas it is found more convenient locally to deal with 52 weekly returns, and the mode of classification differs greatly with the different persons allocating the causes and specifying which of the certified causes should be taken as the main one.

The list which I have received from the Registrar General is as follows :—

**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE
COUNTY BOROUGH OF BLACKPOOL, 1936.**

CAUSES OF DEATH	Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	918	53	6	9	18	18	32	55	99	201	275	152
	F	948	28	2	8	12	24	19	43	91	180	264	277
1 Typhoid and para- typhoid fevers	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
2 Measles	M	6	1	1	2	1	1	—	—	—	—	—	—
	F	3	—	1	—	2	—	—	—	—	—	—	—
3 Scarlet fever	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
4 Whooping cough	M	2	1	—	1	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—
5 Diphtheria	M	3	—	—	2	1	—	—	—	—	—	—	—
	F	3	—	—	—	3	—	—	—	—	—	—	—
6 Influenza	M	14	—	—	—	1	1	1	3	1	3	3	1
	F	8	—	—	1	—	—	1	1	—	4	1	—
7 Encephalitis lethargica	M	2	—	—	—	—	—	—	1	—	1	—	—
	F	2	—	—	—	—	—	—	—	2	—	—	—
8 Cerebro-spinal fever	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
9 Tuberculosis of respiratory system	M	35	—	—	—	—	3	7	8	9	8	—	—
	F	29	1	—	—	—	12	2	8	5	—	1	—
10 Other tuberculous diseases	M	7	—	—	1	—	2	1	1	2	—	—	—
	F	6	—	—	2	2	—	1	—	1	—	—	—
11 Syphilis	M	3	—	—	—	—	—	—	1	—	2	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
12 General Paralysis of the insane, tabes dorsalis	M	6	—	—	—	—	—	—	1	—	1	4	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
13 Cancer, malignant disease	M	111	—	—	—	—	1	3	9	8	35	40	15
	F	144	—	—	—	—	—	2	8	13	50	41	30
14 Diabetes	M	24	—	—	—	—	—	—	1	4	4	12	3
	F	21	—	—	1	—	—	—	1	3	3	11	2
15 Cerebral hæmorrhage, etc.	M	58	—	—	—	—	1	—	1	7	13	26	10
	F	71	—	—	—	—	—	—	1	8	14	34	14
16 Heart Disease	M	254	—	—	—	3	2	3	7	22	57	104	56
	F	303	—	—	—	1	2	3	5	26	44	92	130
17 Aneurysm	M	2	—	—	—	—	—	—	—	—	1	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
18 Other circulatory diseases	M	37	—	1	—	—	—	—	1	3	8	14	10
	F	56	—	—	—	—	—	—	1	4	9	19	23

[illegible]

Tuberculosis was stated to be the cause of death in 77 instances viz. :—65 cases of Tuberculosis of the respiratory organs and 12 of Tuberculosis of other parts of the body. This figure is ten more than that for the previous year, and when the increase in population is also taken into account, it will be noted that the death-rate from this disease shows a slight decrease. This is a very gratifying feature and gives us encouragement to prosecute the work under our Tuberculosis Scheme. Further reference is made to this subject in the section of the report dealing specifically with Tuberculosis.

Cancer has again made its large toll upon our resident population, 259 deaths having been caused by this disease and its allied condition—Sarcoma. This figure is more than one-seventh of the total deaths, and the death-rate is double what it was in 1912. It is disappointing that we are still in the dark as to the causation of cancer, and until some light is thrown upon it, little can be done in the way of prevention. I have not anything new to state upon the subject and there have not during the past year been any marked developments in elucidating the cause or finding a cure. Surgical operation, if diagnosis is effected early, still offers the best prospects in treatment. Research workers are struggling hard with the problem, and for the present all we can do is to await their findings. I anticipate that eventually the disease will be found to be microbial in origin and we shall have to revise our opinions as to its infectivity. We may definitely dismiss the idea of any article of diet having an influence upon its cause or course.

There are not any special facilities available in the County Borough of Blackpool for the diagnosis and treatment of Cancer, with the following exceptions.

At the Victoria Voluntary General Hospital, a new X-ray apparatus has been installed, and this is at the disposal of the Medical Practitioners within the area of the County Borough and the surrounding districts.

In cases where cancer has been diagnosed and where radium treatment is required, arrangements can be made for the necessary treatment to be administered at the Christie Cancer Hospital, Chorlton-on-Medlock, Manchester.

Cases are also admitted to the Blackpool Victoria Hospital at the request of the local Medical Practitioner where operative or hospital treatment is required, but there are not any facilities at this Institution for treatment by Radium.

In cases where the patients or relatives are not in a position to meet the expenses of treatment at Manchester Cancer Hospital, a recommendation can be obtained from the Blackpool Corporation. The Corporation are contributors to the Manchester and Salford Medical Charities Fund, and under the Scheme provided by this Fund, local authority contributors are given the privilege of recommending deserving cases to any of the hospitals coming within the Manchester and Salford Medical Charities Fund.

On the instructions of the Health Committee the following advertisement appears quarterly in our local press, and pamphlets similarly worded are freely issued :—

COUNTY BOROUGH OF BLACKPOOL.

PUBLIC HEALTH DEPARTMENT.

C A N C E R .

Little is known of the " Cause of Cancer," and it is believed that it is not hereditary or infectious. There are no special " Cancer Houses," " Cancer Areas," or " Cancer Families."

One of the contributing causes of Cancer is prolonged irritation as for instance by broken teeth, short pipes, etc., causing Cancer of the tongue or lip. All sources of irritation of this or similar nature should, therefore, be avoided.

Cancer is usually painless in the early stages, and is sometimes painless throughout its course.

With regard to the treatment of Cancer, it cannot be too strongly emphasized that the success depends upon early recognition of the disease.

If diagnosed in its early stage and before the symptom of pain appears, complete cure can frequently be effected.

The following are some of the early signs of Cancer—and any person noting any of them should promptly place himself under medical treatment :—

1. A lump or swelling in a woman's breast after the age of 40 years.
2. Loss of blood other than at normal periods or after the change of life.
3. A wart, sore, or ulcer on the lower lip, tongue or inside of the mouth in a man over 45 years of age.
4. Persistent hoarseness.
5. Bleeding from the bowels after 45 years of age.

E. W. REES-JONES, M.D.,
Medical Officer of Health,

December, 1936.

BLACKPOOL.

The following table reveals the steady and continuous inroads made by the disease of CANCER :—

YEAR.	Number of Deaths.	Death Rate.	England and Wales.
1895	16	0.486	0.753
1896	17	0.464	0.762
1897	30	0.746	0.785
1898	22	0.484	0.799
1899	34	0.705	0.826
1900	47	0.937	0.820
1901	54	1.064	0.842
1902	47	0.901	0.844
1903	52	0.981	0.872
1904	41	0.755	0.877
1905	54	0.969	0.885
1906	54	0.946	0.917

YEAR.	Number of Deaths.	Death Rate.	England and Wales.
1907	52	0.890	0.909
1908	51	0.854	0.923
1909	59	0.960	0.952
1910	46	0.765	0.967
1911	72	1.179	0.993
1912	69	1.111	1.019
1913	92	1.433	1.064
1914	94	1.416	1.069
1915	85	1.323	1.121
1916	93	1.475	1.166
1917	103	1.655	1.210
1918	102	1.580	1.218
1919	108	1.591	1.145
1920	112	1.588	1.161
1921	128	1.734	1.215
1922	123	1.661	1.229
1923	133	1.770	1.267
1924	133	1.718	1.297
1925	144	1.783	1.336
1926	156	1.759	1.362
1927	156	1.578	1.376
1928	167	1.690	1.425
1929	182	1.824	1.437
1930	199	1.994	1.454
1931	217	2.227	1.484
1932	195	1.923	1.510
1933	214	2.055	1.526
1934	205	1.789	1.563
1935	253	2.104	1.587
1936	259	2.128	1.625

The number of deaths from Diseases of the Circulatory System, viz., 564, was high, but the Pneumonia and Bronchitis figures were much on a par with previous years. The number of deaths from Accidental causes, viz., 60, was high.

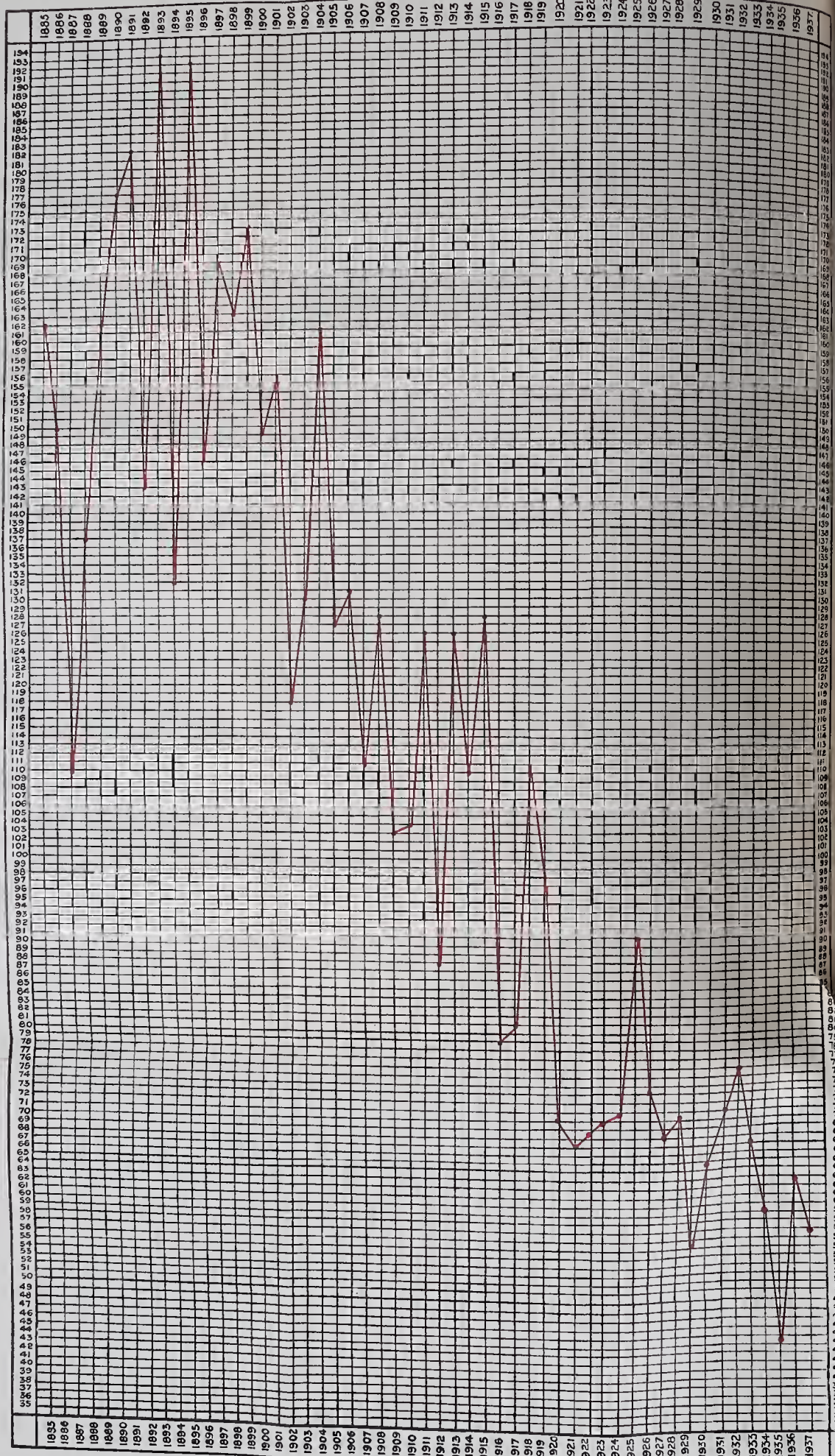
DEATHS FROM CANCER, IN AGE GROUPS AND WARDS, DURING 1936.

Organs Affected	Sex	Totals	Age Periods.												
			0/1	1/2	2/5	5/15	15/25	25/35	35/45	45/55	55/65	65/75	75/85	Over 85	
Buccal Cavity and Larynx	M.	7	—	—	—	—	—	—	—	4	1	2	—	—	
	F.	3	—	—	—	—	—	—	1	—	2	—	—	—	
Digestive Organs	M.	70	—	—	—	—	1	—	8	7	16	27	11	—	
	F.	65	—	—	—	—	—	—	2	2	15	25	18	3	
Respiratory Organs	M.	15	—	—	—	—	1	—	—	2	7	3	2	—	
	F.	8	—	—	—	—	—	—	1	1	6	—	—	—	
Uterus ...	F.	20	—	—	—	—	—	—	2	5	6	5	2	—	
Female Genital Organs ...	F.	12	—	—	—	—	—	1	1	—	8	1	1	—	
Breast ...	F.	27	—	—	—	—	—	—	2	5	11	5	4	—	
Male Genito Organs ...	M.	10	—	—	—	—	—	1	—	—	4	5	—	—	
Skin ...	M.	1	—	—	—	—	—	—	—	—	—	—	1	—	
	F.	1	—	—	—	—	—	—	—	—	—	—	1	—	
Unspecified Organs.	M.	11	—	—	—	—	—	1	1	—	4	5	—	—	
	F.	9	—	—	—	—	—	1	2	—	3	2	1	—	
TOTALS ...	M.	114	—	—	—	—	2	2	9	9	35	41	16	—	
	F.	145	—	—	—	—	—	2	10	14	49	40	27	3	

Bispham	Warbreck	Claremont	Talbot	Bank Hey	Brunswick	Foxhall	Tyldesley	Alexandra	Victoria	Waterloo	Layton	Marton	Stanley
—	—	—	—	—	1	—	2	—	—	—	2	—	—
—	—	—	—	—	1	—	—	—	—	—	—	1	1
9	4	4	8	2	3	3	5	5	6	1	7	9	4
5	2	6	4	3	4	2	6	6	5	5	8	2	7
4	1	—	1	—	—	1	1	1	3	—	1	—	2
2	—	—	—	1	—	1	1	—	—	—	—	1	2
1	2	—	—	—	3	2	3	2	1	2	2	1	1
2	2	1	2	—	—	—	1	—	—	1	—	1	2
1	2	—	3	2	—	—	2	1	5	2	6	2	1
1	1	1	—	—	1	—	1	1	—	1	—	1	2
—	—	—	—	—	—	—	—	—	1	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	1	2	—	1	1	—	1	—	1	2	—	1
1	—	—	1	1	1	1	2	—	—	—	1	—	1
14	7	8	11	2	6	5	9	8	9	3	12	11	9
12	8	7	10	7	9	6	15	9	12	10	17	8	15



CHART SHOWING INFANTILE MORTALITY from 1885 to 1937.



Infantile Deaths.—Eighty-three children under the age of twelve months died during 1936 and the Infant Mortality was at the rate of 63.0 per 1,000 births. The chart facing this page will reveal the fluctuations of the Infant Mortality figure for each of the years since 1885, and it will be seen that our present position is remarkably healthy as compared with some of the early years, though the dramatic fall of those years has not been maintained. We have not yet maintained our figure of 50, but with a prosecution of all known methods of preserving infant life there is no reason why we should not do so. The frequent cause of Infantile Deaths in past years, viz., Diarrhœa, has largely ceased to operate, and our attention is drawn more to respiratory diseases as a cause of death, and to the necessity for preaching the doctrine of “Sunlight and Fresh Air.”

Premature Birth, Congenital Malformations, Debility, etc., account for the large number of 31 deaths. It is not possible to suggest any common or general causation for this class of cases, and, therefore, it is not possible to suggest any general precautionary measures. These cases require more personal and individual supervision, and it is in this respect I anticipate that our pre-natal clinic will prove of advantage. This clinic has been in operation for six years, and further details are given of it in a later portion of this report.

It will be noted from the table that out of the 83 Infantile deaths, 55 occurred during the first three months of life, and of these 29 were classified to Premature Birth, Debility and allied conditions.

INFANTILE MORTALITY, 1880 TO 1936.—Rate per 1,000 Births.

Year.	Blackpool.	England and Wales.
1880	206	153
1881	126	130
1882	221	141
1883	123	137
1884	140	147
1885	162	138
1886	150	149
1887	110	145
1888	137	137
1889	162	144
1890	177	151
1891	182	149
1892	143	148
1893	193	159
1894	132	137
1895	192	161
1896	146	148
1897	169	156
1898	163	160
1899	173	163

INFANTILE MORTALITY (*continued*).

Year.				Blackpool.	England and Wales.
1900	...	...	...	149	154
1901	...	...	...	156	151
1902	...	...	...	118	133
1903	...	...	...	130	132
1904	...	...	...	161	145
1905	...	...	...	127	128
1906	...	...	...	131	133
1907	...	...	...	111	118
1908	...	...	...	128	121
1909	...	...	...	103	109
1910	...	...	...	104	106
1911	...	...	...	126	130
1912	...	...	...	88	95
1913	...	...	...	126	109
1914	...	...	...	110	105
1915	...	...	...	128	110
1916	...	...	...	79	86
1917	...	...	...	81	81
1918	...	...	...	111	97
1919	...	...	...	97	89
1920	...	...	...	70	80
1921	...	...	...	67	83
1922	...	...	...	68	77
1923	...	...	...	70	69
1924	...	...	...	71	75
1925	...	...	...	90	75
1926	...	...	...	73	70
1927	...	...	...	67	69
1928	...	...	...	70	65
1929	...	...	...	56	74
1930	...	...	...	64	60
1931	...	...	...	71	65
1932	...	...	...	76	65
1933	...	...	...	67	64
1934	...	...	...	59	63
1935	...	...	...	45	57
1936	...	...	...	63	59

CAUSES.	YEAR		QUARTERS						FEEDING				Mother employed away from home	No Information.	Illegitimate.	
	Under 3 mths.	Total.	First		Second		Third		Fourth		Not Fed	Breast Fed				Hand Fed partly or entirely
			Under 3 mths.	Total.	Under 3 mths.	Total.	Under 3 mths.	Total.	Under 3 mths.	Total.						
1—Common Infectious Diseases (Measles, Diphtheria and Whooping Cough) ...	—	2	—	—	—	1	—	1	—	—	—	2	—	—	—	
2—Diarrhoeal Diseases :— Diarrhoea, Enteritis and Gastritis ...	1	2	—	—	1	1	—	1	—	—	—	1	—	—	—	
3—Congenital Malformations ...	7	10	3	5	1	1	1	1	2	3	1	1	5	3	—	
4—Premature Birth, Debility, Icterus, etc. ...	29	31	6	6	6	6	5	5	12	14	22	3	6	—	5	
5—Tubercular Diseases... ..	1	1	—	—	—	—	—	—	1	1	—	—	1	—	1	
6—Other Causes. { Convulsions ... Bronchitis ... Pneumonia ... Other causes ...	5	11	1	1	2	5	—	—	2	5	2	4	5	—	1	
	1	3	1	1	—	1	—	1	—	—	—	—	2	1	2	
	1	10	1	5	—	2	—	3	—	—	—	2	7	1	1	
	10	13	2	3	1	1	4	4	3	5	4	2	6	1	1	
TOTALS	55	83	14	21	11	18	10	16	20	28	29	13	35	6	11	

DEATHS UNDER ONE—WARD INCIDENCE.

Cause of Death.	Number of Deaths.	Bispham	Warbreck	Claremont	Talbot	Bank Hey	Brunswick	Foxhall	Tyldesley	Alexandra	Victoria	Waterloo	Layton	Marton	Stanley
Common Infectious Diseases ...	2	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Diarrhoeal Diseases ...	2	—	—	—	—	—	—	1	—	—	1	—	—	—	—
Congenital Malformations ...	10	—	—	—	1	1	1	—	1	—	1	1	3	1	—
Premature Birth, Debility, Marasmus, Icterus, etc. ...	31	2	1	3	2	—	5	—	2	2	1	1	3	4	5
Tubercular Disease ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Convulsions ...	11	1	—	1	1	—	—	—	1	—	—	2	2	1	2
Bronchitis ...	3	—	—	1	1	—	—	—	—	—	—	—	—	1	—
Pneumonia ...	10	—	—	—	1	—	—	—	1	1	2	—	1	1	3
Other Causes ...	13	2	—	—	1	—	1	1	1	1	—	2	1	1	2
TOTAL ...	83	5	1	5	7	1	7	2	6	5	6	6	10	9	13

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

Cases of Infectious Diseases notified during the Calendar years 1899-1937 (inclusive).

	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Smallpox	—	—	4	2	22	8	3	9	—	—	—	—	—	—	—	—	—	3	—	—	—	1	—	—	—	—	—	—	10	4	17	1	—	—	—	—	—	—	—
Diphtheria and Membranous Croup	13	24	134	75	40	46	49	54	84	61	96	41	40	55	41	22	29	42	67	77	74	178	52	28	25	52	107	30	88	38	30	65	73	68	25	69	55	58	70
Erysipelas	—	14	13	13	19	26	17	18	13	18	38	20	26	23	24	22	29	19	12	20	22	38	13	23	22	17	31	23	24	25	27	40	30	34	27	38	28	52	27
Scarlet Fever	141	187	271	197	257	179	200	183	177	238	348	181	84	83	102	145	316	144	88	60	95	229	220	179	154	108	211	110	168	202	245	183	129	167	244	339	348	265	161
Enteric Fever... ..	59	68	58	70	42	28	51	39	41	65	48	12	39	17	13	32	35	6	7	10	6	1	6	7	6	6	1	6	11	2	7	3	5	9	3	—	4	—	7
Puerperal Fever	5	3	2	2	3	5	3	2	2	3	4	7	5	6	5	3	8	4	2	5	4	9	4	—	9	11	4	3	1	5	3	5	9	1	8	10	4	5	5
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	8	5	10	6	10	10	16	17	25	20	23
Measles	370	302	532	863	127	1386	871	389	309	1268	834	660	1181	720	1232	690	680	1049	1168	1409	369	1415	43	1125	624	1197	1255	1027	1311	1190	198	1748	284	1832	1296	886	204	2478	428
Rotheln	1	2	5	5	5	13	27	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	32	21	23	51	73	544	36	24	18	22	9	327	20	20	12	75	13
Tuberculosis :																																							
(a) Pulmonary	—	—	—	—	—	—	—	—	—	—	—	—	44	133	131	120	169	143	188	202	151	119	127	121	107	129	115	107	88	84	81	84	89	64	97	133	103	114	127
(b) Non-Pulmonary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46	37	25	35	53	63	67	44	33	27	22	38	38	41	27	13	17	14	16	12	32	58	32	46	56
Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	10	3	1	—	1	—	—	2	2	1	—	—	1	3	1	1	3	1	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	1	1	—	1	1	2	—	—	1	2	1	2	1	—	—	—	—	4	—	—	—	2
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	11	18	14	21	28	37	18	37	48	28	22	20	17	14	7	3	8	6	7	9	12	14	16
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	—	29	3	4	4	2	2	1	—	—	1	2	2	1	—
TOTALS	589	600	1019	1227	515	1691	1221	700	627	1653	1368	921	1419	1040	1594	1088	1303	1467	1610	1870	818	2073	554	1568	1040	1669	1864	1919	1795	1609	663	2178	663	2531	1783	1391	829	3128	935

INFECTIOUS DISEASES—WARD INCIDENCE.

Disease.	Cases Notified.	Bispham	Warbreck	Claremont	Talbot	Bank Hey	Brunswick	Foxhall	Tyldesley	Alexandra	Victoria	Waterloo	Layton	Marston	Stanley
Diphtheria ...	58	4	—	2	11	1	2	3	8	2	3	1	14	2	5
Scarlet Fever ...	265	26	13	15	24	8	10	17	13	12	16	14	39	25	33
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	52	6	4	3	2	—	2	4	2	6	2	2	2	8	9
Puerperal Fever and Pyrexia ...	25	1	—	—	2	—	—	3	3	2	4	2	2	2	4
Chickenpox ...	315	17	13	11	22	23	16	27	19	10	24	14	55	23	41
Measles ...	2478	124	99	69	127	60	63	189	198	138	238	176	316	270	411
Pneumonia ...	56	5	2	2	6	2	—	—	7	3	3	10	8	2	6
German Measles ...	75	6	2	—	9	1	5	4	10	2	2	2	20	10	2
Whooping Cough ...	342	48	13	18	5	3	1	7	13	11	27	37	54	22	83
Ophthalmia Neonatorum ...	14	—	—	1	4	—	2	1	1	1	2	—	1	1	—
TOTALS ...	3680	237	146	121	212	98	101	255	274	187	321	258	511	365	594

INFECTIOUS DISEASES.

The incidence of Infectious diseases in the town during 1936 has been on the whole satisfactory, though measles for the second year in succession has been prevalent. The details as applied to each disease will be found in the table on pages 27 to 30, and in the remarks which follow this paragraph. It has only been possible to keep these diseases within their present confines by a very large amount of work of visiting and supervision of contacts.

Scarlet Fever.—265 cases, no deaths. 224 of the cases, or 84.5 per cent. were isolated at the Sanatorium. The present tendency is to reduce the Hospital Isolation of Scarlet Fever, both as regards the number of cases and as regards the duration of stay of the individual cases. A Committee of Medical Officers of the Ministry of Health reported that for uncomplicated cases treated in Hospital there was no good reason to prescribe a routine period of detention of more than four weeks. The wholesale isolation of the disease has not had the anticipated or desired effect of reducing markedly the incidence. Scarlet Fever is probably not caused by a single specific type of organism but by various types of the germs called "streptococci," and immunity from one type does not confer immunity from the other. This explains partly the reason for so-called secondary rashes in Hospital, and where there is good isolation at home with sensible nursing and risk of infection of other children removed, as I stated at the commencement of this paragraph, Hospital Isolation is being replaced by home isolation. This, of course, is only practicable in private houses and not in company or boarding houses.

Serum treatment of Scarlet Fever has been practised widely at the Sanatorium during the past year. It is claimed that this form of treatment reduces the severity of the disease, reduces the risk of complications and also reduces the period of residence in Hospital.

Diphtheria.—58 cases, seven deaths. 51 of the cases, or 87.9 per cent., were isolated at the Sanatorium. The administrative measures taken to deal with the disease have remained as in previous years, and include immunisation by inoculation of your staff who come into contact with cases. An immunising clinic to deal mainly with pre-school children was opened in July, 1935. Saturday mornings between 9-30 and 10-30 are the hours devoted to the work, and the facilities which are offered and the advantages to be obtained are circulated through the Infant Welfare Clinics in accordance with the following circular :—

PUBLIC HEALTH DEPARTMENT.

PUBLIC HEALTH OFFICES,
SEFTON STREET,
BLACKPOOL,
March, 1935.

PROTECTION AGAINST DIPHTHERIA.

Diphtheria is a dangerous Infectious Disease which mainly attacks children.

There is now a safe and reliable means of preventing the disease, and in the cases of children between the ages of 3 and 5 years protection is obtained by a single injection.

I advise you in the interests of your children to have them protected, and for this purpose you should

- (a) take them to your own Doctor, or
- (b) bring them to the Public Health Offices on Saturday mornings between the hours of 9-30 and 10-30.

The protection conferred by the injection is not produced immediately but takes about two months to develop. It is then believed to be permanent.

For this reason, it is not desirable to wait until the disease reaches your neighbourhood or house, or until your children come in contact with cases, at school or otherwise, but to have them protected whilst they are not to your knowledge exposed to infection.

E. W. REES-JONES, M.D., D.P.H.,
Medical Officer of Health, Blackpool.

Up to the end of the calendar year only 70 cases of immunisation had been carried out, an increase of 50 upon the year 1935. This number is surprisingly and disappointingly small, but when the scheme becomes better known and its advantages appreciated, the numbers will doubtless increase.

Small Pox.—No cases occurred in the town. All the anxiety worry, work and expense associated with Small Pox is attributable to the neglect of vaccination. As I have stated in previous reports, Small Pox is the one disease above all others which could, within a short period, be wiped out of existence, viz., by vaccination or re-vaccination. Vaccination by a single lineal scar one quarter of an inch in length is now the accepted mode of vaccination, and has replaced the older method of four separate scars of varying sizes up to half-an-inch in diameter. It is hoped that the discontinuance of these unsightly marks will have an effect in subduing the objection to vaccination which is so rife.

Measles.—2,478 cases, eight deaths. 79 cases were treated in Hospital. The notification of this disease during 1936 constitutes a record for Blackpool. The outbreak actually commenced at the latter end of 1935, and the epidemic continued until the end of April, 1936. The highest number of cases notified during one month was in March when 1,195 notifications were received.

In spite of the fact that measles is a notifiable disease in this town little if any impression is made upon its incidence by administrative measures, and we are one of the few towns, if not the only one, where the disease is notifiable. Measles in so far as it is controllable, must be dealt with by domestic rather than general

administrative action, and parents should be impressed with the possible gravity of the disease and with the great desirability of protecting their children from known infection—especially the younger children. Combined with this there could continue the existing amicable working arrangements with the Education Department and its staff of head teachers, the provision of nursing for necessitous cases or hospital treatment. Of the 2,478 cases forty-eight only were in persons over school age. It cannot be too often repeated that Measles is especially dangerous to young children. The younger the child, the greater is the danger, and for every year in a child's life that an attack of Measles can be postponed, the chances of complete recovery are enhanced.

Puerperal Fever and Puerperal Pyrexia.—Twenty-five cases were notified to me. It is hoped that the pre-natal work carried out by us will have beneficial effect in anticipating and avoiding the dangers of parturition and that this will be revealed in the statistics of these diseases. Cases of Puerperal Pyrexia appear to be notified earlier and our assistance in their treatment sought. This naturally gives the patients a better chance of recovery.

Ophthalmia Neonatorum.—Fourteen cases were notified and treated at the Sanatorium. All the cases recovered with unimpaired vision.

315 cases of **Chicken Pox** and 342 of **Whooping Cough** were reported to me mainly by the School Attendance Officers.

TUBERCULOSIS.

The following paragraphs reporting upon the subject of Tuberculosis, have been prepared by the Tuberculosis Officer, and incorporated in the report are extracts from the official tabular reports prepared for the Ministry of Health. Though on the first glance these Government reports appear somewhat uninteresting in that they are a compilation of statistics, a careful study of them is valuable, as they indicate the wide scope under this branch of the social service.

The following table gives the analysis of the cases and deaths with reference to age and sex :—

TABLE I.

Age Periods.	PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS.			
	Notifications.		Deaths.		Notifications.		Deaths.	
	Males	Females	Males	Females	Males	Females	Males	Females
0 to 1	—	1	—	1	—	—	—	—
1 to 5	—	1	—	1	5	2	1	1
5 to 10	—	—	—	—	4	6	—	1
10 to 15	—	—	—	—	3	1	—	—
15 to 20	1	5	1	4	5	1	—	—
20 to 25	3	9	1	10	1	3	1	—
25 to 35	19	17	9	3	2	6	1	1
35 to 45	13	8	10	7	2	1	1	—
45 to 55	13	6	10	5	—	—	—	—
55 to 65	10	3	7	—	—	—	—	—
65 and upwards	1	—	—	—	1	1	—	1
TOTALS	60	51	38	31	23	21	6	4

The number of deaths and the death rate from Tuberculosis since 1911 compared with those of England and Wales for the same period is shewn in the following table. It will be noted that the figures for the Borough compare favourably with the country as a whole. During the past year there has been a fairly considerable fall in the death rate from Tuberculosis, and taking the past two decades from 1915 it will be observed that the death rate is just about halved. These figures are very encouraging.

TABLE II.

Year	Number of Deaths	Death Rate, Black-pool	Death Rate, England and Wales	Year	Number of Deaths	Death Rate, Black-pool	Death Rate, England and Wales
1911	51	0.83	1.47	1924	71	0.92	1.06
1912	49	0.79	1.38	1925	80	0.99	1.03
1913	49	0.76	1.35	1926	69	0.78	0.96
1914	71	1.07	1.36	1927	73	0.78	0.97
1915	70	1.09	1.46	1928	73	0.74	0.93
1916	67	1.06	1.44	1929	75	0.75	0.96
1917	64	1.03	1.49	1930	66	0.66	0.90
1918	87	1.34	1.55	1931	83	0.84	0.90
1919	47	0.69	1.24	1932	76	0.75	0.84
1920	61	0.86	1.13	1933	77	0.72	0.82
1921	56	0.76	1.13	1934	81	0.70	0.76
1922	65	0.87	1.12	1935	71	0.59	0.71
1923	46	0.61	1.06	1936	79	0.65	0.68

Notifications.—During 1936, the total number of cases of Tuberculosis notified was 155—111 Pulmonary and 44 Non-Pulmonary. Of these, 93 (66 Pulmonary and 27 Non-Pulmonary) were primary notifications, and 62 (45 Pulmonary and 17 Non-Pulmonary) were supplementary notifications, *i.e.*, 14 from Death Returns ; 1 posthumous notification and 47 transfers from other areas. This last figure, which comprises 30.5 per cent. of the total notifications for the year is of interest as showing how the incidence of Tuberculosis in the Borough is inflated by such a large percentage of patients coming to live in Blackpool for health reasons. In 1934, this figure was 29.8 per cent. and in 1935, 26 per cent.

Mortality.—During the year the number of deaths registered as Tuberculosis was 77 (65 Pulmonary and 12 Non-Pulmonary). Of this total the number of deaths certified as due to Tuberculosis who had not previously been notified as suffering from the disease was 14 (8 Pulmonary and 6 Non-Pulmonary).

It was not found necessary during the year to take any action under The Public Health (Tuberculosis) Regulations or Section 62 of The Public Health Act, 1925, which deals with the compulsory isolation in cases of Tuberculosis.

Notification Register.—As in previous years a careful record of the movements of all patients has been kept. This assures that the Register at any time gives an accurate record of the known incidence of Tuberculosis in the Borough.

The routine laid down for the removal of cases from the Register is as follows:—Cases of non-respiratory tuberculosis cannot be removed from the Register unless complete arrest of the disease has been maintained for a period of three years, and cases of respiratory tuberculosis cannot be removed from the Register until five years have elapsed from the date of notification and three years from the disappearance of all symptoms.

The following table shows the number of cases of Tuberculosis on the Register at the end of 1936, the fluctuation of patients during the year, and the number remaining on at the end of the year under review. The number of deaths shewn in this table are the total number of deaths of persons on the Register and not those who actually died from Tuberculosis:—

TABLE III.

		Remaining on Register, 31/12/35.	Notifica- tions including Inward Transfers	Died	Recov- ered	Trans- fers, etc.	Remaining at 31/12/36.
Pulmonary Tuberculosis	{ Males	149	60	38	8	14	149
	{ Females	117	51	31	8	10	119
Non-Pulmonary Tuberculosis	{ Males	64	23	6	7	8	66
	{ Females	76	21	4	2	15	76
TOTALS	... ..	406	155	79	25	47	410

Home Visitation.—Except in cases where a desire to the contrary is expressed, all notified cases have been visited by the Tuberculosis Officer or Nurse. The following visits have been paid during the year by the Tuberculosis Nurse and the Health Visitors:—

	Pulmonary.	Non-Pulmonary.	Totals.
Primary... ..	100	39	139
Subsequent Visits	1,571	836	2,047
Visits to Contacts	1,150	—	1,150

In addition the Tuberculosis Officer visited 64 patients at their homes. Of these 28 were paid in consultation with the patient's family doctor, and the remainder were to patients unable to attend the Dispensary.

On the occasion of these visits opportunity is taken of enquiring into the home conditions of the patient, *i.e.*, number of rooms, sleeping accommodation for patient and other occupants of the house, lighting and ventilation, cleanly condition, previous cases of tuberculosis in family, history of contact with known cases of tuberculosis, and any other information which would be of value in assisting to help the patient and prevent the spread of the disease. In addition, enquiries are made into the financial circumstances of the patient, with a view of ascertaining whether sufficient nourishment can be obtained, the health of the other occupants of the house, and to arrange for the medical examination of contacts by the Tuberculosis Officer.

The Dispensary.—This is the central element of our Scheme, and carries out the following important functions : (1) sorting of cases and recommendation for treatment, *i.e.*, Sanatoria, Hospital, or Domiciliary with the patient's own medical practitioner ; (2) examination of suspected cases for medical practitioners ; (3) examination of contacts, and (4) treatment of certain cases.

The Tuberculosis Officer and Tuberculosis Nurse are in regular attendance at the Dispensary which is held at the Public Health Offices each Tuesday and Friday afternoon. In addition, a special clinic is held every Monday afternoon for the examination of contacts and special cases by appointment.

During the year 551 cases, excluding contacts, were examined at the Dispensary, and there were 2,349 attendances. Of the 551 cases examined, 263 were new cases, and of these 78 were found to be definitely tuberculous and 185 non-tuberculous. 258, or 98 per cent., of the new cases, were referred to the Tuberculosis Officer by private medical practitioners as patients suspected of Tuberculosis. In each case a full investigation of the condition was made and a written, detailed report sent to the doctor giving the Tuberculosis Officer's diagnosis and suggestion for treatment. Early diagnosis of Tuberculosis is of vital necessity if the patient is to benefit materially or permanently by treatment, and this can only be obtained by close co-operation between Medical Practitioners and the Tuberculosis Officer. As shewn in the above figures this co-operation is extremely satisfactory and is definitely assisting towards that end.

The examination of contacts, especially children and adolescents, is of the most vital importance in a Tuberculosis Scheme, particularly with a view of preventing, if possible, the occurrence of tuberculosis, or, in the event of the disease being present, to make a diagnosis early when treatment may be expected to have most beneficial results.

During the year 122 contacts were examined and there were 312 attendances. Of these 115 were examined for the first time. Four patients, 1 male and 3 females, were found to be suffering from active Pulmonary Tuberculosis and 1 child with Non-Pulmonary disease. Several children, however, were found to be suffering from the effects of sub-nutrition, debility and generally poor physical resistance, though not definite tuberculosis. These cases were kept under close observation, supplied with malt and oil, and if necessary with extra nourishment, as this type of patient is undoubtedly more prone to develop the disease. In addition, a few were given sunlight treatment with considerable benefit.

These figures show definitely the necessity of this form of examination, but unfortunately time would not permit of a greater number being dealt with. It is hoped that during the coming year more time may be found for contact examination.

Twenty-five cases were written off the Dispensary Register during the year as cured, 35 were transferred to other towns or were lost trace of, and 59 died.

Of the 410 cases on the Notification Register at the end of the year, 369, or 90 per cent., were attending the Dispensary, as compared with 93 per cent. in 1935, 90 per cent. in 1934, 88 per cent. in 1933 and 63 per cent. in 1932. These figures are very satisfactory shewing, as they do, an ever increasing tendency on the part of tuberculous patients to take advantage of the service under the Tuberculosis Scheme. It further enables the Tuberculosis Officer to keep a close watch on every case, to note any change of condition, and to take what steps may be necessary for the improvement of the patients' condition or for preventing the spread of infection. The small number of patients who do not attend the Dispensary are private patients who, although notified as suffering from Tuberculosis, are attended by their own doctors and if necessary go to private Sanatoria. Reports on these cases are received from the doctors from time to time.

Sputum Examinations.—Specimens of sputum are examined in our own laboratory at the Public Health Offices, and during the year 909 examinations were made as compared with 937 in 1935. Of these 251 were found Positive for Tuberculosis.

X-ray Examinations.—These are carried out by a local radiographer. The Tuberculosis Officer attends to do the screen examination and on the film being developed he interprets it. This type of examination is very essential and has been largely utilised to the extent that during the year 241 X-ray examinations were made as compared with 200 in 1935, 190 in 1934, and 127 in 1933.

Sunlight Treatment.—During the past year it was found necessary to increase the time allotted to this form of treatment. A Sunlight Clinic is now held every Monday and Thursday forenoon. This form of

treatment is very essential in certain forms of Tuberculosis, and, together with general hygiene treatment and increased nourishment in improving the general physique of contacts and possible suspects. At present the premises are inadequate for the advancement of this form of treatment but it is hoped that in the future more room may be had and increased equipment provided.

During the year 60 patients—7 male, 24 female, and 29 children have been treated, and 1,081 exposures given. The results have been most gratifying, practically all the cases shewing a decided improvement in their general condition as well as in the local lesion. The type of cases treated were Cervical Glands, 24 ; T.B. Abdomen, 7 ; T.B. Bones, 8 ; Lupus, 7 ; Debility in Contacts, 9 ; and others, 5.

Artificial Pneumo-thorax Treatment.—All cases considered as possible subjects for this form of treatment are admitted to Meathop Sanatorium. There, after observation, if they are found suitable, the treatment is given. During the year 6 patients were so treated and after discharge continued to attend at Meathop Sanatorium at stated intervals for refills. They have all done well.

Necessitous Cases.—Extra nourishment in the form of milk and eggs is supplied daily in suitable cases who are receiving domiciliary treatment, and the costs of surgical apparatus in non-pulmonary cases are met in whole or in part by the Health Committee according to the financial circumstances of the patient. During the year 78 patients received milk or milk and eggs daily.

Sanatorium Treatment.—The wards at the Sanatorium have continued in use throughout the year. Further in April, 1935, a further six beds were rented—making eighteen in all—from Meathop Sanatorium for use of patients from the Borough. These were kept occupied during the year. The following table shows the admission to various Sanatoria during the year :—

TABLE II.

	In Residence, 1st January, 1936	Ad- mitted during year	Discharged during year			Re- maining 31st Dec., 1936
			Im- proved	In Statu Quo	Died	
Blackpool Sanatorium ...	12	37	5	11	24	9
Liverpool Sanatorium ...	4	12	6	5	1	4
Crossley Sanatorium ...	2	11	5	2	—	6
Meathop ...	15	28	14	8	5	16
*Robert Jones and Agnes Hunt Orthopædic	6	7	10	—	1	2
Leasowe Children's Hospital ...	7	7	5	—	—	9
Elswick ...	—	1	—	—	—	1
Papworth Hall ...	1	—	—	—	—	1
Heswall Country Hospital ...	—	1	—	—	—	1
	47	104	45	26	31	49

*In addition to above, 9 cases were admitted for re-examination during the year and kept in a few days each. It will be noted that the totals above do not exactly correspond with those in Table IV (page 43) In certain cases the patient is transferred directly from one Institution to another. In Table IV these are shown as continuous treatment whereas above they have been duplicated.

TABLE III (*continued*).

1. Number of cases on Dispensary Register on January 1st	371
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	38
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	35
4. Cases written off during the year as Dead (all causes)...	59
5. Number of attendances at the Dispensary (including Contacts)	3,712
6. Number of Insured Persons under Domiciliary Treatment on the 31st December... ..	122
7. Number of consultations with medical practitioners :—	
(a) Personal	28
(b) Other	219
8. Number of visits by Tuberculosis Officers to homes (including personal consultations)...	64
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	2,480
10. Number of :—	
(a) Specimens of sputum, etc., examined ...	903
(b) X-ray examinations made	241
in connection with dispensary work.	
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above...	—
12. Number of "T.B. plus" cases on Dispensary Register on December 31st	164
(B) NUMBER OF DISPENSARIES FOR THE TREATMENT OF TUBERCULOSIS (excluding centres used only for special forms of treatment).	
Provided by the Council...	1
Provided by Voluntary Bodies	Nil.

TABLE IV.
RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION DURING THE YEAR IN INSTITUTIONS
(OTHER THAN POOR LAW INSTITUTIONS) APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

	In Institu- tions on Jan. 1st. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institu- tions. (4)	In Institu- tion on Dec. 31st. (5)
No. of doubtfully tuberculous cases admitted for observa- tion	—	4	3	1	—
	—	6	5	—	1
	—	1	1	—	—
Total ...	—	11	9	1	1
No. of patients suffering from pulmonary tuberculosis	20	41	27	17	17
	13	37	20	12	18
	—	—	—	—	—
Total ...	33	78	47	29	35
No. of patients suffering from non-pulmonary tuberculosis	4	3	4	1	2
	2	5	4	—	3
	8	7	7	—	8
Total ...	14	15	15	1	13
GRAND TOTAL	47	104	71	31	49

TABLE V.

RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.			
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.						
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Tuberculous...	1	—	—	1	1	—	—	—	—	—	1	—	—
Non-Tuberculous	1	—	—	1	2	1	1	1	—	—	3	4	1
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	1	—	—	2	3	1	1	1	—	—	4	5	1

TABLE VI.

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution												Grand Totals.
		Under 3 months *			3-6 months.			6-12 months.			More than 12 months.			Totals.
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class T.B. minus	Quiescent ...	2	1	—	2	1	—	1	1	—	—	3	—	8
	Not Quiescent ...	—	—	—	1	1	—	2	1	—	—	2	—	5
	Died in Institution ...	1	—	—	—	—	—	—	—	—	—	1	—	1
Class T.B. plus, Group I.	Quiescent ...	1	—	—	—	1	—	—	—	—	—	1	—	2
	Not Quiescent ...	2	—	—	—	1	—	1	—	—	—	3	—	4
	Died in Institution ...	1	—	—	2	—	—	—	—	—	—	3	—	3
Class T.B. plus, Group II.	Quiescent ...	1	1	—	—	1	—	2	—	—	3	2	—	8
	Not Quiescent ...	5	3	—	2	1	—	1	3	—	1	9	7	16
	Died in Institution ...	3	4	—	—	1	—	—	—	—	1	4	6	10
Class T.B. plus, Group III.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent...	—	—	—	1	—	—	—	—	—	—	1	—	1
	Died in Institution ...	3	—	—	1	—	—	1	—	—	—	5	—	5
TOTALS, PULMONARY ...		19	9	—	9	7	—	8	5	—	5	41	22	63

* Exceeding 28 days.

TABLE VI.—(continued)

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution												Grand Totals.
		Under 3 months *			3—6 months.			6—12 months.			More than 12 months.			Totals.
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Bones and Joints.	Quiescent ...	1	—	2	—	1	—	—	—	1	1	—	4	7
	Not Quiescent ...	1	—	—	—	—	—	—	—	1	—	—	1	2
	Died in Institution ...	—	—	—	—	—	—	—	—	—	1	—	—	1
Abdominal.	Quiescent ...	—	—	—	—	—	—	—	1	—	—	—	—	1
	Not Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Organs.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Peripheral Glands.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS, NON-PULMONARY		2	—	2	—	1	—	—	1	1	2	—	2	11

* Exceeding 28 days.

TABLE VII.—PULMONARY TUBERCULOSIS.

SUPPLEMENTAL ANNUAL RETURN showing in summary form (a) the condition at the end of 1935 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at the time.

Condition at the time of the last record made during the year to which the return relates		Previous to 1926				1926				1927				1928			
		Class T.B. plus				Class T.B. plus				Class T.B. plus				Class T.B. plus			
		Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)
(a) Remaining on Dispensary Register at 31st December.	Disease Arrested	6	3	1	4	1	—	—	—	—	1	—	—	—	—	—	1
	Adults : M. F.	1	1	—	2	—	—	—	—	—	—	—	—	—	1	—	—
	Children ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Disease not Arrested	3	2	5	8	—	—	—	—	1	2	—	3	2	1	1	2
Condition not ascertained during the year	Adults : M. F.	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
	Children ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register at 31st December		10	8	7	16	1	—	—	—	1	3	—	4	2	2	1	5
(b) Not now on Dispensary Register and reasons for removal therefrom.		37	9	—	10	2	—	—	—	5	1	—	1	—	—	—	—
Discharged as recovered	Adults : M. F.	14	4	1	5	2	—	—	—	1	—	—	—	1	—	—	1
	Children ...	27	2	—	2	3	—	—	—	3	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register		103	23	20	46	3	1	4	7	3	2	3	5	3	3	6	9
Dead	Adults : M. F.	7	7	23	38	3	—	4	14	—	1	2	3	1	1	7	13
	Children ...	2	1	9	16	2	2	4	8	1	2	3	5	1	1	4	7
Total written off Dispensary Register		191	46	54	119	15	3	10	29	13	6	8	14	5	6	17	30
GRAND TOTALS		201	54	61	135	16	3	10	29	14	7	11	18	5	8	19	35

TABLE VII.—PULMONARY TUBERCULOSIS (*continued*).

Condition at the time of the last record made during the year to which the return relates		1929				1930				1931				1932			
		Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus			
		Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus
(a) Remaining on Dispensary Register at 31st December.	Disease Arrested	—	—	—	—	—	1	—	—	—	—	1	—	2	2	—	4
	Adults : M. F.	—	1	—	—	1	—	1	—	—	—	—	1	2	1	1	—
	Children ...	1	—	—	—	—	1	—	—	—	—	—	—	2	—	—	—
	Disease not Arrested	—	2	3	1	2	—	2	3	—	5	—	2	3	2	5	—
(b) Not now on Dispensary Register and reasons for removal therefrom.	Adults : M. F.	1	1	2	3	4	—	3	—	—	3	4	2	1	2	5	—
	Children ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
	Condition not ascertained during the year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total on Dispensary Register at 31st December	2	3	3	1	7	2	5	3	—	8	5	5	5	7	10	15
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered	—	1	1	—	1	1	1	—	—	—	—	1	—	—	—	—
	Adults : M. F.	1	1	—	—	1	—	1	—	—	—	1	1	—	—	2	—
	Children ...	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register	3	4	3	1	8	3	4	6	4	14	2	5	4	2	11	12
(b) Not now on Dispensary Register and reasons for removal therefrom.	Dead	1	1	1	8	20	1	4	12	18	34	2	4	9	15	28	18
	Adults : M. F.	1	2	3	3	8	—	1	4	9	14	3	2	10	6	18	22
	Children ...	—	1	1	—	2	—	—	—	—	—	1	—	1	—	1	2
	Total written off Dispensary Register	7	10	18	12	40	6	10	22	31	63	9	12	25	23	60	54
GRAND TOTALS ...		9	13	21	13	47	8	15	25	31	71	14	17	30	23	70	69

TABLE VII.—PULMONARY TUBERCULOSIS (*continued*).

Condition at the time of the last record made during the year to which the return relates		1933				1934				1935				1936			
		Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus			
		Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus
(a) Remaining on Dispensary Register at 31st December.	Disease Arrested	Adults: M. F. ... Children ...	2 1 1	1 1 —	—	1 2 —	—	1 1 —	—	—	—	—	—	—	—	—	—
	Disease not Arrested	Adults: M. F. ... Children ...	5 2 —	10 3 —	—	15 8 1	2 1 —	— 5 2	— 4 —	— 1 —	12 9 2	8 4 1	2 10 —	— 6 —	— 9 —	13 1 —	—
	Condition not ascertained during the year		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total on Dispensary Register at 31st December		11	12	15	27	3	9	16	—	25	13	2	16	8	19	28
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered	Adults: M. F. ... Children ...	— — —	— — —	—	— — —	— — —	— — —	—	—	—	—	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register		4	2	9	13	3	4	4	—	8	6	—	—	1	—	1
	Dead	Adults: M. F. ... Children ...	3 — 1	5 1 —	15 8 —	26 17 —	4 3 —	1 — —	12 7 —	7 4 —	20 11 —	5 1 —	— 3 —	— 5 —	— — —	10 5 —	—
	Total written off Dispensary Register		8	8	32	56	10	5	23	11	39	12	—	16	10	27	16
GRAND TOTALS		...	19	20	47	83	13	14	39	11	64	25	2	32	8	46	44

TABLE VIII (continued).

		1929					1930					1931					1932					
		Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	
(a) Remaining on Dispensary Register at 31st December.	Condition at the time of the last record made during the year to which the return relates	Disease Arrested	Adults : M.	1	—	—	—	—	—	1	—	—	—	—	—	—	2	—	—	1	3	
			F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	
		Children ...	1	—	—	—	1	1	—	—	1	—	1	—	1	—	2	—	1	4	5	
	Disease not Arrested	Adults : M.	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
		F.	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	1	—	—	3	
Condition not ascertained during the year	Total on Dispensary Register at 31st December	Children ...	1	—	—	—	—	—	—	1	—	—	—	—	—	3	—	—	—	—	1	
			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
			4	—	2	—	6	1	1	—	—	2	2	2	1	1	6	4	2	1	8	15
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered	Transferred to Pulmonary ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
		Adults : M.	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F.	1	—	1	—	3	1	—	—	2	—	—	—	—	—	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register	Children ...	1	2	1	—	4	1	1	—	2	2	2	—	—	4	3	1	—	2	6	
			2	1	—	1	4	3	3	1	1	8	1	—	2	3	2	2	1	5	10	
Dead	Adults : M.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	
		F.	1	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
	Children ...	1	—	—	—	1	1	—	—	—	1	—	—	—	—	—	1	1	—	—	—	
Register and reasons for removal therefrom.	Total written off Dispensary Register		8	5	2	3	18	7	4	1	6	3	2	1	2	8	7	4	1	7	19	
			12	5	4	3	24	8	5	1	6	20	5	4	2	3	14	11	6	2	15	34
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary) ...																						

TABLE VIII (continued).

Condition at the time of the last record made during the year to which the return relates		1933					1934					1935					1936				
		Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(a) Remaining on Dispensary Register at 31st December.	Disease Arrested	Adults : M. F. ...	1 — 1	1 2 2	— 2 10	2 4 13	— 1 —	— 1 —	— 6 —	— — 1	— — 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
	Disease not Arrested	Adults : M. F. ...	2 — 1	1 1 —	— 2 3	3 4 4	1 — 3	— — 3	— 1 —	— 1 3	1 5 10	2 1 4	— — 2	— — 2	— — 2	3 1 9	2 1 4	2 1 2	1 1 9	3 1 9	5 5 15
	Condition not ascertained during the year		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total on Dispensary Register at 31st December		5	7	17	30	5	3	9	19	17	5	3	4	13	25	7	4	1	13	25
Transferred to Pulmonary ...		—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered	Adults : M. F. ...	— — —	— 1 —	— — 1	— 1 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
	Lost sight of, or otherwise removed from Dispensary Register		2	1	5	9	1	1	1	3	4	1	2	1	2	7	—	1	1	1	2
	Dead	Adults : M. F. ...	1 — —	1 — —	— — —	2 — —	— — 1	— — 2	1 — —	1 — 3	1 — 3	1 — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
	Total written off Dispensary Register		3	3	5	13	2	1	1	7	6	2	2	1	1	2	—	1	1	1	2
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary) ...		8	10	32	43	26	7	4	5	10	23	7	5	1	14	27	7	5	1	14	27

School Closure.—It was not necessary during the year to close any of the schools in order to prevent the spread of Infectious Disease.

School exclusions.—The following are the lines upon which we work with regard to the exclusion of infected children from schools :—

SCARLET FEVER.

- | | | |
|---------------|---------------------|-------------------------------------|
| 1.—PATIENTS : | (a) Hospital Cases. | Two weeks after discharge. |
| | (b) Home Cases. | Two weeks after disinfection. |
| 2.—CONTACTS : | (a) Hospital Cases. | One week after removal to Hospital. |
| | (b) Home Cases. | One week after disinfection. |

DIPHTHERIA.

- | | | |
|---------------|---------------------|--------------------------------------|
| 1.—PATIENTS : | (a) Hospital Cases. | Three weeks after discharge. |
| | (b) Home Cases. | Three weeks after disinfection. |
| 2.—CONTACTS : | (a) Hospital Cases. | Two weeks after removal to Hospital. |
| | (b) Home Cases. | Two weeks after disinfection. |

ENTERIC FEVER AND ERYSIPELAS.

CONTACTS need not be excluded from School.

MEASLES.

- | | |
|---------------|---|
| 1.—PATIENTS : | Three weeks from appearance of rash. |
| 2.—CONTACTS : | (a) Infant Scholars. Three weeks from onset of last case. |
| | (b) Other Scholars :— |
| | I.—If had Measles. Not to be excluded. |
| | II.—If not had Measles.—Three weeks after onset of last case. |

WHOOPING COUGH.

- | | |
|------------|---|
| PATIENTS : | Six weeks, or as long as cough continues. |
| CONTACTS : | Infant Scholars. Same period as patient. |

MUMPS.

- | | |
|------------|--|
| PATIENTS : | One week after subsidence of swelling. |
| CONTACTS : | Not to be excluded. |

CHICKEN POX.

- | | |
|------------|--|
| PATIENTS : | Three weeks, or until all Scabs have disappeared. |
| CONTACTS : | (a) Infant Scholars. Same period as patient. |
| | (b) Other Scholars. |
| | I.—If had Chicken Pox. Not to be excluded. |
| | II.—If not had Chicken Pox.—Same period as patient |

The above periods are liable to alteration in individual cases on instructions from the Medical Officer of Health.

Bacteriological Laboratory.—The following specimens were examined at the Public Health Office :—

Swabs for Diphtheria Bacilli	...	...	...	...	1,322
Sputum for Tubercle Bacilli	...	...	...	...	903
Smears, etc., for Gonococci	...	...	...	...	190
Urine for Tubercle Bacilli, etc.	...	...	...	...	68
TOTAL...	...	...	...	...	2,483

The Sanatorium.—The number of cases of various diseases treated at the Sanatorium during the year will be seen in the following table :—

			Remaining in at end of 1935.	Admitted during 1936.	Discharged during 1936.	Died during 1936.	Average stay of non-fatal cases.	Average stay of fatal cases.	Remaining in at end of 1936.
Scarlet Fever	...	M.	22	94	109	—	32	—	7
		F.	12	130	136	—	31	—	6
Diphtheria	...	M.	5	29	25	3	38	15	6
		F.	3	22	19	2	32	5	4
Enteric Fever	...	M.	—	—	—	—	—	—	—
		F.	1	—	1	—	56	—	—
Measles	...	M.	—	37	35	2	14	5	—
		F.	1	44	41	4	15	6	—
Puerperal Fever and Pyrexia	...	F.	—	22	20	2	22	17	—
Erysipelas...	...	M.	—	11	9	1	16	6	1
		F.	—	11	10	1	15	3	—
Phthisis	...	M.	7	14	4	11	131	135	6
		F.	5	26	15	13	89	42	3
Other Diseases	...	M.	2	74	63	10	22	19	3
		F.	1	137	127	5	20	15	6
TOTALS	...	...	59	651	614	54	—	—	42

The total number of cases compares with previous years as follows :

1936 ... 651	1925 ... 486	1914 ... 297
1935 ... 493	1924 ... 456	1913 ... 263
1934 ... 548	1923 ... 389	1912 ... 217
1933 ... 394	1922 ... 461	1911 ... 213
1932 ... 385	1921 ... 365	1910 ... 303
1931 ... 325	1920 ... 532	1909 ... 477
1930 ... 445	1919 ... 411	1908 ... 402
1929 ... 354	1918 ... 537	1907 ... 312
1928 ... 349	1917 ... 544	1906 ... 306
1927 ... 444	1916 ... 596	1905 ... 270
1926 ... 257	1915 ... 663	

The maintenance costs at the Sanatorium for feeding only (groceries, greengroceries, milk, fish, bread and meat), is at the rate of 9s. 9d. per head per week.

On the discharge of patients from the Sanatorium the following leaflets are handed to them or their parents or guardians :—

BLACKPOOL CORPORATION.

THE SANATORIUM,
BLACKPOOL.

To Parents, Guardians and Others.

As complications of Scarlet Fever, particularly ear-ache or a running ear, sometimes occur in children after release from Isolation, you are recommended to keep your child under medical observation for a further period of one month.

For this purpose you should :—

- (a) Consult your own medical attendant, or
- (b) If your child attends an Elementary School, take him or her to the School Clinic, Bennett Avenue, Palatine Road, on each of the next four Saturday mornings at 10 o'clock, and take this note with you, or
- (c) If your child does not attend school, take him or her to the Public Health Offices, Sefton Street, Blackpool, on each of the next four Saturday mornings at 9-30 o'clock, and take this note with you.

E. W. REES-JONES, M.D., D.P.H.,
Medical Superintendent.

BLACKPOOL CORPORATION.

THE SANATORIUM,
BLACKPOOL.

To Parents, Guardians and Others.

Although every care is exercised to prevent the carriage of infection by persons discharged from the Sanatorium, it is impossible in all instances to ensure against such an accident, owing to the fact that in these cases infection lurks about the body for some considerable time.

In order to prevent this as far as possible, it is recommended that, for a period of at least a fortnight, patients discharged from the Sanatorium should :

- (a) Have a bed, and if possible, a bedroom to themselves.
- (b) Not enter shops, tramcars, places of amusement, or other places where they come into close contact with people.
- (c) Have the exclusive use of such articles as towels, spoons, cups, etc., and these articles should not be used by any other member of the family.
- (d) Not to be allowed to mix unnecessarily with other children, or to attend school.

Any recently discharged person who complains of sore throat, nose, or ears, should be isolated and placed under the care of a Doctor.

The Corporation do not accept any liability or responsibility for the extension of infectious disease from any patients who have been in their Hospital.

E. W. REES-JONES, M.D., D.P.H.,
Medical Superintendent.

The Hospitals provided or subsidised by the Corporation are as follows :—

- 1.—One Hospital for general Infectious Diseases, Tuberculosis Cases and Maternity Cases, with an accommodation of 82 beds.
- 2.—One Hospital for Small Pox Cases, situated at Elswick, and used jointly by the Corporations of Blackpool, Preston, Lytham St. Annes, and the Councils of the Fylde Districts.

The Ambulance facilities of the District are as follows :—

For Infectious Cases. One Motor Ambulance kept at the Infectious Diseases Hospital, together with one convertible Ambulance Van.

For Maternity Cases. One Motor Ambulance kept at the Infectious Diseases Hospital.

For Non-infectious Cases. Two Motor Ambulances kept at the Fire Station.

One whole-time General and Fever-trained Nurse is employed by the Health Department, who carries out nursing of cases of Infectious Disease under the direct supervision of the Medical Officer of Health.

DISINFECTING DEPARTMENT.

Articles removed from 996 Houses to Sanatorium for Disinfection :—

Sheets, quilts, blankets, etc. ...	...	...	...	...	7,186
Articles of clothing ...	...	...	...	...	2,003
Pillows and Bolsters ...	...	...	...	...	5,364
Beds ...	...	...	...	...	1,743
Mattresses ...	...	...	...	...	856
Carpets ...	...	...	...	...	90
Rugs and mats ...	...	...	...	...	50
Curtains...	...	...	...	...	159
Cushions...	...	...	...	...	797
Tablecloths ...	...	...	...	...	56
Books ...	...	...	...	...	1,530
Miscellaneous articles ...	...	...	...	...	1,498
Articles from Sanatorium ...	...	...	...	...	3,753
TOTAL...					25,085

The practice of routine disinfection of premises after an infectious disease is of doubtful value. On perusing the Annual Health Reports of other districts, I find that in some of them the procedure is entirely discarded. This has occurred in districts where the incidents of Infectious Diseases is of vital importance, and the discontinuance has not been decided upon without very careful deliberation, and has not been followed by any increased incidence.

INFECTIOUS DISEASES.

Inquiries into cases of infectious diseases and subsequent visits by Nurses or Inspectors	5,174
Houses disinfected after cases of infectious diseases ...	459
Houses disinfected after cases of Tuberculosis	67
Other premises disinfected	580
Isolation notices served upon householders	4,450
Isolation notices served upon School Managers	2,532
Isolation notices served upon School Attendance Officers ...	2,532
Other notices to School Managers with regard to infectious diseases	2,352
Other notices to householders with regard to infectious diseases	2,352
Other notices to School Attendance Officers...	2,352
Notices to Free Library with regard to infectious diseases...	2,836

General Hospital Provision.—There is one Voluntary Hospital named The Victoria Hospital within the Borough, the number of beds available being 132. A nominal allocation of these beds is as follows :—

Nature.	Males.	Females.	Total.
General Medical ...	10	10	20
„ Surgical ...	40	40	80
Children	10	10	20
Venereal	1	1	2
Ear, Nose and Throat	3	2	5
Ophthalmic ...	3	2	5
TOTALS ...	67	65	132

The Secretary of the Hospital has been good enough to supply me with the following tabular statements of the numbers of in- and out-patients during the year :—

Nature.	Males.	Females.	Total.
General Medical ...	218	143	361
General Surgical ...	780	592	1372
Children ...	281	278	559
Venereal ...	7	7	14
Ear, Nose and Throat	89	101	190
Ophthalmic ...	25	17	42
TOTALS ...	1400	1138	2538

	Medical	Surgical	Totals
*In-patients ...	428	2090	2518
*Out-patients ...	355	5549	5904
TOTALS ...	783	7639	8422

*Excluding Venereal Diseases Department.

The Blackpool Corporation make an annual grant of £500 to the Victoria Hospital, and in addition, shoulder all the cost of the treatment of venereal diseases.

Medical Relief by Public Assistance Committee.—Under the provisions of the Local Government Act, 1929, this work was taken over by the Corporation, and for the purposes of brief description it may be referred to under the categories of outdoor and indoor medical relief. The Borough is divided into three districts, the Northern, Central and Southern, the populations being 39,000, 43,000 and 38,000 respectively. Drs. Cockcroft, Miller and Loudon are the Medical Officers of the Districts, and the following table shows the number and classification of the cases dealt with during the year :—

Disease.				Number of Cases.
Influenza...	...	...	...	27
Tuberculosis	...	...	...	8
Cancer	...	...	...	5
Rheumatism	...	...	...	50
Debility	...	...	...	110
Anæmia	...	...	...	12
Bronchitis	...	...	...	252
Old Age	...	...	...	15
Other Diseases	...	...	...	558
TOTALS				1037

For the purposes of indoor medical relief under the provisions of the Local Government Act, the Corporation entered into a ten years agreement with the Lancashire County Council for the Infirmary at Kirkham to continue to be used for the treatment of Blackpool cases. The Institution is under the management and control of the County Council, and the area served by it comprises Blackpool, Lytham St. Annes, Kirkham, Poulton, Thornton, Fleetwood and the Fylde Rural District, with a combined area of 67,509 acres and a population of 170,625 (1921 census). The available accommodation in this Infirmary is as follows :—for men, 68 beds ; women, 69 beds ; children, 3 beds ; total, 140 ; and the following beds were occupied during the year : men, 61 ; women, 67 ; children, 3. In addition there is accommodation for 6 maternity cases.

NUMBER OF PERSONS IN RECEIPT OF OUT-RELIEF (NON-MEDICAL) ON
THE 31ST MARCH, 30TH JUNE, 30TH SEPTEMBER, AND 31ST
DECEMBER, 1936.

Quarter ended.	Men.	Women.	Children.	No. of cases.
31st March, 1936 :				
North	160	206	92	312
Central	165	261	115	342
South	142	233	145	277
Total	467	700	352	931
30th June, 1936 :				
North	93	122	55	186
Central	92	127	45	173
South	95	160	99	197
Total	280	409	199	556
30th September, 1936 :				
North	84	107	37	163
Central... ..	64	94	40	135
South	84	140	95	174
Total	232	341	172	472
31st December, 1936 :				
North	121	156	56	240
Central	136	192	102	269
South	133	206	117	261
Total	390	554	275	770

FOXTON DISPENSARY, 1936.

	Surgical.		Medical.		Total.
	Males.	Females.	Males.	Females.	
Out-Patients	35	21	502	858	1416

District Nurses.—Four district nurses are now employed by the Health Department of the Corporation and their whole time is occupied in district nursing amongst the sick poor of the town. During the year it was necessary to employ an additional nurse temporarily owing to pressure of work. As far as possible they act under the instructions of the medical practitioners in attendance upon the cases, but in many instances, such as those of chronic bedridden cases, doctors are not in attendance, under which circumstances the nurses have to receive their instructions from me or to act according to their own judgment. Their services have been much utilised, and in carrying out their valuable work the large total of 12,496 visits were paid by them.

Ladies' Sick Poor Association.—About 2,300 cases were visited and relieved by the ladies of this Association during the year. The help takes the form of meat, eggs, groceries, clothes, boots, loan of bath chairs, etc., £1,063 being expended for this purpose during the year. In addition, the Association expended the sum of £42 for the maintenance of six cases in Convalescent Homes.

PUBLIC VACCINATION

In accordance with Clause (b) of Section 2 of The Local Government Act, 1929, the functions relating to Vaccination were transferred to the Town Council to be discharged by the Public Health Department.

Your Medical Officer of Health is the Chief Public Vaccination Officer. The services of Drs. Cockcroft and Thursz, who carried out the duties of Public Vaccinators under the Poor Law Authority prior to the Act of 1929 becoming operative, were retained, as also were the services of the two Vaccination Officers—Messrs. Jump and Rees. As and from the 1st April, 1932, the Medical Officer of Health took over the duties of Vaccination Officer for the Northern Section of the town on the retirement of Mr. Rees. Drs. Cockcroft, Loudon and Miller are now the three Public Vaccinators.

The following are details extracted from the Annual Return which I have forwarded to the Registrar-General, and relate to the year 1st January to 31st December, 1935 :—

Number of live births returned in Birth List Sheets as registered from 1st January to 31st December, 1935...	1239
Number successfully vaccinated	171
Number insusceptible of Vaccination	3
Number in respect of whom Statutory Declarations of Conscientious Objection have been received	787
Number who died unvaccinated	44
Number postponed by Medical Certificate	20
Removals to other Districts the Vaccination Officers of whom have been apprised	45
Removal to places unknown	100
Number of these births remaining on 31st January, 1937, neither duly entered in Vaccination Register nor temporarily accounted for in Report Book	69

From the above figures it will be observed that only 13.8 per cent. of the total number of live births returned during the year 1935 were successfully vaccinated, whilst no less than 63.5 per cent. made statutory declaration of conscientious objection.

Of the 171 successfully vaccinated during the year, 100 are of children in the Northern Area of the Borough of which your Medical Officer of Health is the Vaccination Officer, and it is worthy of note that 27 of the 136 children referred to were vaccinated by the Maternity and Child Welfare Medical Officer at Special Clinics held for that purpose. Every opportunity is taken of impressing upon mothers attending the Clinic the necessity of having their children vaccinated and I hope that by continued propaganda by my Assistant Medical Officer, we shall continue year by year to increase the number of those vaccinated successfully.

In so far as Infantile Vaccination is regarded as a preventive measure against Small Pox, these figures cannot be considered as anything but a farce. What object can be served in vaccinating one child out of every five?

MATERNITY AND CHILD WELFARE

The work carried out under this branch of our Social Service is of a varied nature, and it may be reported on under various headings as follows :—

1 —Inspection of Registered Midwives. There are on the Register 48 midwives. Of these, three are registered Midwives in virtue of their having been in practice prior to July, 1901, whilst the remainder are certified by examination. They are visited at least four times annually, one of these occasions being by the Maternity and Child Welfare Medical Officer, and their bags, appliances, registers, etc., supervised. A total of 194 visits have been paid throughout the year, and the midwives have all been kept posted up in any new requirements of the Central Midwives' Board. There is a Midwives' Association in Blackpool, and the membership is 40. The subscription to this Association is 12/- a year, and of this 4/- is paid for "Monthly Nursing Notes," and 3/6 for membership of the Midwives' Institute, and there is a scheme for financial assistance to any members during illness. Eleven meetings of the Association have been held during the year in the Public Health Offices, and it is hoped that these meetings will more and more take on an "educational aspect." Lectures and demonstrations organised by the Health Committee would probably be welcomed and well attended.

It is very gratifying to report that the relationship and co-operation between the Midwives and the Officers of the various Clinics is of the happiest. Arrangements are in operation whereby Midwives are compensated in cases where they are temporarily suspended for the purposes of disinfection, or where their patients are taken into the Maternity Home.

MIDWIVES ACT, 1936.

This Act came into operation on the 31st July, 1936, and its principal objects are as follow :—

1. To secure the organisation throughout the country of a domiciliary service of salaried midwives, under the control of the Local Supervising Authority as an important step in the improvement of Maternity Services, and in the campaign for reducing maternal mortality.
2. The local scheme to be submitted to the Ministry of Health, within six months of the Act coming into operation.
3. Local Supervising Authority to prepare scheme after consultation with (a) Voluntary Organisations who employ or are willing to employ domiciliary midwives ; (b) Local Medical Practitioners' organisations, and (c) the Local Midwives' Organisation.
4. Copy of the scheme to be delivered to the above organisations not later than the date upon which it is submitted to the Ministry of Health.
5. Scheme to become operative within twelve months from the commencement of the Act.
6. One month before engaging Midwives for employment, notice that applications are about to be considered, together with salary, conditions of service, etc., to be published in newspapers circulating in the district, and also to the Midwives practising in the area.
7. Appointed Midwives to devote whole time to the service of the Authority.
8. Local Authority to prepare Scale of Fees to be charged.
9. The remaining clauses deal mainly with financial provision, compensation, etc.

The following is the scheme approved by the Blackpool Health Committee, and representatives of the local organisations concerned :—

Scheme for the appointment of Salaried Midwives in the County Borough of Blackpool.

Number of Midwives to be appointed.—It is proposed to appoint, in the first instance, twelve practising midwives. It is estimated that there will be approximately 1,000 births in the Borough where the services of the appointed midwives will be required, and it is proposed that each midwife may attend 80 cases per annum. The cases dealt with would come within the following categories :—

- (a) Cases without a Doctor.
- (b) Cases with a Doctor.
- (c) Hospital cases for Ante or Post Natal Care.

Salaries and Terms of Service.—The Midwives appointed will be whole time officers of the Corporation, appointed to the Staff of the Medical Officer of Health. They will not be permitted to engage in any other work of a private or remunerative nature, but may be required, if time should allow, to perform other appropriate duties in the Health Department.

The salary proposed in the case of Midwives possessing only the Central Midwives Board Certificate is £180 per annum, rising by increments of £10 per annum to a maximum of £200 per annum, less Health and Unemployment Insurance contributions. In the case of Midwives on appointment, being in possession of the General Nursing Council State Certificate in addition to the Central Midwives Board Certificate, the salary will commence at £200, rising to £220.

Superannuation.—The Midwives appointed will occupy designated posts under the Local Government and Other Officers Superannuation Act, 1922, and will, therefore, be subject to a Medical Examination as to fitness, and a deduction of 5 per cent. per annum from salary for contribution towards the Superannuation Scheme.

Uniforms.—A Uniform allowance of £10 per annum will be allowed for the purchase of an approved uniform.

Laundry—Owing to the excessive amount of laundry required in the performance of the normal duties of the Midwives, an allowance of £10 per annum will be made to each Midwife for this purpose.

Travelling Expenses.—Each Salaried Midwife will be furnished with a Pass on the Municipal Trams and Buses.

Equipment, Appliances, etc.—Each Midwife will be furnished with the requisite equipment necessary for the purpose of satisfactorily performing her duties, viz.:—Fully equipped Midwifery Bag, Ante-Natal Treatment equipment, together with the provision of drugs, etc., as required.

Telephone Installation.—The residence of each Midwife will be equipped with a telephone. This is essential in cases of emergency, and for the purpose of keeping in close contact with the Medical Officer of Health and his staff.

Post Certificate Courses.—In accordance with the requirements of the Act, arrangements will be made for the periodical attendance at these courses for all the midwives appointed.

Estimated Expenditure.—A financial statement will be submitted by the Borough Treasurer.

Income from Patients.—Each patient will be required to contribute towards the services rendered by the Midwife. A scale of suggested charges is attached. The financial circumstances of each patient will be enquired into, and the amount to be contributed by the patient will, as near as possible, be decided upon in accordance with the Scale. Scales do not at all times cover the whole of the cases which require assistance, and therefore, those cases which do not come within the terms of the scale will receive special consideration.

Working Arrangements of the Scheme.

Residence and Choice of Midwife.—As far as is practicable, the town will be divided into twelve districts in order that each Midwife will have a prescribed area, but as far as possible, every facility will be provided for the patient to have her free choice of the Midwife she desires. Where this is not possible owing to illness or pressure of work of the Midwife concerned, the patient will be given the opportunity of making a further selection from the list of remaining Salaried Midwives.

Choice and Booking of Medical Practitioner.—The patient will have free choice of Doctor. When the patient books the Midwife, she will be requested by the Midwife to inform her of the name and address of her medical practitioner. This practitioner will then be notified of the case and will be given an opportunity of indicating his willingness to attend the patient should his services be required, or should the patient desire to consult him. It will also give him an opportunity of notifying whether or not he will probably be available at the anticipated time of confinement should his services be required, or should the patient desire to have him in attendance. In cases where a Medical Practitioner has not been notified of the pregnancy or booked for the confinement, and the services of a Medical Practitioner are required in emergency, the patient will be required to make her selection from the panel of local practitioners who have agreed to act in such emergency.

With regard to the actual booking of the Midwife, it is proposed that this should be done at the Central Office of the Public Health Department, or as an alternative, directly as between the patient and the Midwife of her choice. If the latter course is adopted, the Midwife will be required to notify promptly the Health Office of this provisional booking. This will ensure that (a) all financial arrangements can be made by responsible officials of the Department, (b) a Midwife would not be booked who would be on leave at the time of confinement, (c) enable a complete and up-to-date record to be kept of all the cases to be attended by each Midwife, (d) ensure a reasonable allocation of cases in each area, and (e) enable the department to keep a check on the employment of each Midwife.

Nursing-in Cases.—It will not be permissible for any of the Midwives appointed to take on "Nursing-in" cases, viz. :—cases where the patient requires a Midwife to be in residence at the home of the patient prior to, during, and after the confinement.

Duties to be performed by the Midwives Appointed.

- (1) The periodical visitation of cases booked under the Scheme, and the giving of the necessary Ante-Natal advice as required under the rules of the Central Midwives Board.
- (2) To recommend the patient to place herself for Ante-Natal treatment under the care of her own Medical Practitioner, or in the event of the patient not having her own Doctor, to suggest her attendance at the Municipal Ante-Natal Clinics. In any event, the Midwife should take steps where necessary, for appointments to be made definitely for this treatment, either with the patient's own Doctor or with the Doctor in attendance at the Clinic.
- (3) In the event of any abnormality in the progress of pregnancy, labour or the puerperium being discovered by the Midwife, she must, in accordance with the rules and procedure of the Central Midwives Board take the requisite steps for securing the services of the patient's usual medical practitioner, or failing this, a doctor selected by the patient from the panel of doctors who have notified their willingness to undertake the work. A list of these doctors, kept up-to-date as far as is practicable, will be supplied to each Midwife. Unless, in cases of emergency, the Midwife should act in consultation with the Maternity and Child Welfare Medical Officer.
- (4) The Midwife to be in actual attendance at the confinement, and for a period of fourteen days afterwards.
- (5) To enter and record in the prescribed Case Register, full details of all visits to patients, brief outlines of advice given on each occasion, the result of the confinement, and the condition of the patient and child on the termination of the case. These records to be forwarded to the Medical Officer of Health immediately on completion of each case.
- (6) The Midwife will not collect any fees from the patients. An account will be rendered to each patient by the Department.
- (7) Fourteen working days annual leave will be allowed.
- (8) In extremely urgent cases during the night, and when the public service vehicles are not available, the cost of engaging a special conveyance in such urgent emergency, will be borne by the Corporation.
- (9) All Midwives will report, by telephone, to the Public Health Offices each day.

- (10) In the event of any Midwife not being well enough to attend to her duties, she must immediately report to the Central Office by telephone, so that arrangements may be made for her work to be carried on. In the event of a Midwife not being able, through sickness, to resume duty on the fourth day, a Medical Certificate to that effect must be sent on that day to the Medical Officer of Health.
- (11) In cases where, in the opinion of the Midwife attending, the patient is in need of additional nourishment, and whose financial circumstances prevent the provision of such nourishment, the patient shall be recommended to make application to the Maternity and Child Welfare Medical Officer for such a supply.
- (12) When not attending cases in the district, the Midwife may be required to assist in the various Ante-Natal or Infant Welfare Clinics, and to perform any other appropriate duties in the Health Department.
- (13) To act in all respects under the direction and supervision of the Health Committee, the Maternity and Child Welfare Sub-Committee, the Medical Officer of Health, the Maternity and Child Welfare Medical Officer, or other officer appointed for the purpose, and to carry out the Rules and Regulations of the Central Midwives Board.

SCALE OF FEES TO BE PAID FOR SERVICES OF MUNICIPAL MIDWIFE.

Nett Weekly Income per Family, after deducting Rent	If entitled to Maternity Benefit									
	Total Members in Family									
	3	4	5	6	7	8	9	10		
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
20/- to 25/-	2 2 0	2 0 0	1 17 6	1 15 0	1 5 0	0 17 6	0 15 0	0 5 0		
25/- to 35/-	2 2 0	2 2 0	2 0 0	1 17 6	1 10 0	1 5 0	0 17 6	0 5 0		
35/- to 40/-	2 2 0	2 2 0	2 2 0	2 0 0	1 15 0	1 10 0	1 5 0	1 0 0		
40/- to 45/-	2 2 0	2 2 0	2 2 0	2 2 0	1 17 6	1 15 0	1 10 0	1 5 0		
45/- to 55/-	2 2 0	2 2 0	2 2 0	2 2 0	2 2 0	2 2 0	2 0 0	1 17 6		
55/- to 65/-	2 10 0	2 7 6	2 5 0	2 2 0	2 2 0	2 2 0	2 2 0	2 0 0		

In cases where the patient or her husband is not entitled to Maternity Benefit, the special circumstances in each case will be taken into account when fixing the amount to be paid for the services of the Midwife.

SCALE OF FEES TO BE PAID FOR SERVICES OF MUNICIPAL MATERNITY NURSE.

Nett Weekly Income per Family, after deducting Rent	If entitled to Maternity Benefit									
	Total Members in Family									
	3	4	5	6	7	8	9	10		
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
20/- to 25/- ...	1 12 0	1 10 0	1 7 6	1 5 0	0 15 0	0 7 6	0 5 0	—	—	—
25/- to 35/- ...	1 12 0	1 12 0	1 10 0	1 10 0	1 0 0	0 15 0	0 7 6	—	—	—
35/- to 40/- ...	1 12 0	1 12 0	1 12 0	1 10 0	1 5 0	1 0 0	0 15 0	0 10 0	0 10 0	0 10 0
40/- to 45/- ...	1 12 0	1 12 0	1 12 0	1 12 0	1 7 6	1 5 0	1 0 0	0 15 0	0 15 0	0 15 0
45/- to 55/- ...	1 12 0	1 12 0	1 12 0	1 12 0	1 12 0	1 12 0	1 10 0	1 7 6	1 7 6	1 7 6
55/- to 65/- ...	2 0 0	1 17 6	1 15 0	1 12 0	1 12 0	1 12 0	1 12 0	1 10 0	1 10 0	1 10 0

In cases where the patient or her husband is not entitled to Maternity Benefit, the special circumstances in each case will be taken into account when fixing the amount to be paid for the services of the Maternity Nurse.

2.—**Ante-Natal Supervision.**—This comprises visitation by the Maternity and Child Welfare Medical Officer or the District Health Visitors, and the Clinics held on Tuesday mornings and Wednesday and Friday afternoons. Dr. Isabella Milne has prepared a statement on this work which will indicate the efforts which are being made to ensure all possible success in the supervision of the expectant mother. Her observations are as follows :—

On the extension of the Blackpool boundary, on the 1st April, 1934, it was necessary to re-arrange the districts, which are now as follows :—

NORTH. On the 8th February, 1935, a new clinic was opened in the premises previously occupied by the Police at Bispham. This Clinic is open for ante-natal cases every alternate Friday from 2 p.m. to 4 p.m., and deals with cases in the extreme northern section of the town. A new permanent Clinic is in course of erection at Bispham, and it is hoped that this will be completed before the end of 1937.

CENTRAL. The Central Clinic is held at Sefton Street on Tuesday, at 9 a.m. to 11-30 a.m. The attendances at the clinic for the past twelve months are : First Visits, 842 ; Re-visits, 2,360.

There are now two examination rooms at this Clinic, one for non-routine and one for routine clinics. It will soon be necessary to hold a second session at this Centre in order to meet the demand and carry out the work efficiently.

SOUTH. This Clinic was opened on 6th April, 1934, in St. Mary's Church Hall. Subsequently we moved to Scarsdale Avenue Wesleyan Church Hall, but as this building has been requisitioned by the Education Department, the Clinic has returned to St. Mary's Church Hall after suitable alterations had been effected. This clinic has more than justified its existence, and plans are in course of preparation for the erection of a permanent Clinic on land in Hawes Side Lane, and it is hoped that the building will be in course of erection during 1937.

SANATORIUM. This Clinic is held on Tuesday and Wednesday afternoons and deals with those patients who have arranged to have their confinement in the maternity ward. The average number of attendances per week is 34.4. Total attendances for 1936 is : First Visits, 222 ; Re-visits, 1,570.

If more convenient for a mother to attend one of the other Clinics, this is arranged, and the full report of the case is sent to the Sanatorium.

The Ante-natal Clinics are operated on the following lines :—
Each patient is seen for the first time by the Medical Officer in charge, is thoroughly examined, given the necessary advice with regard to hygiene and diet, and an appointment is made for her return visit. The ideal aimed at is that during the first six months of pregnancy the patient should visit the Clinic monthly, from six to eight months fortnightly, and for the remainder of the period weekly.

Any necessitous patient attending the Clinic, or sent by her own doctor, can be X-rayed free of charge. In cases where the patient is sent by her own medical practitioner the X-ray plate is forwarded to him. Special efforts are made to secure the co-operation and the goodwill of the general medical practitioners in this important branch of public work, and it is gratifying to record that an increasing number of patients are being sent to the Clinics by their own doctors.

The "follow-up" system is now operated. Should the patient fail to attend on two successive weeks, the Health Visitor of the District is informed, and the patient is visited at her home in order to ascertain if she is well. If not, her family doctor is notified immediately.

Should any abnormalities be found in the patient at the Antenatal Clinic, she is advised to report to her own doctor and midwife, and a note is sent to the doctor and midwife by the Medical Officer in charge, giving details of the conditions found. The Health Visitor is also asked to call and ascertain if the patient has carried out the instructions.

Towards the end of the pregnancy, the patient is invited, after the satisfactory conclusion of her confinement, to bring her baby to the Infant Welfare Clinic, and to attend for post-natal examination herself.

It is found that a great number of these patients suffer from anæmia and other minor ailments, which can usually be rectified and much done to improve the general health and outlook of the patient.

The artificial sunlight treatment is now in operation, and especially in cases of post-natal debility, proves invaluable.

The Health Visitors visit the homes of both Clinic and non-clinic patients, and report anything of note each morning, and encourage those patients who are not already attending the Clinic to do so. The aim and object is that every pregnant woman should see a doctor.

The midwives in the town are encouraged to attend the antenatal Clinics with their patients, when opportunities are taken by the Maternity and Child Welfare Medical Officer to instruct them in the various modes of examination which could be conducted by them, e.g., external measurements of pelvis, and examination of urine.

3.—Provision of Extra Nourishment for Expectant Mothers. It has been the custom since the Maternity and Child Welfare Scheme came into operation to provide extra nourishment for expectant mothers. This has taken the form of a supply of milk daily. During the year under review, the Health Committee authorised an extension of this scheme by the provision, where necessary and convenient for the mother, of a good mid-day dinner. The authority for these dinners is issued, after due investigation by the Maternity and Child Welfare Medical Officer, and arrangements are made whereby these dinners can be consumed in comfort and at leisure. The provision of this additional facility will, it is hoped, render the mother more physically fit when the time comes for her confinement.

4.—Dental Treatment. A scheme has now been put into operation whereby the Medical Officer in charge of the Ante-natal Clinics, may send patients to one of three dentists, appointed by the Health Committee, for dental treatment, which the patient could not otherwise have afforded.

Since the Dental Scheme became operative, the following work has been carried out by the part-time Dental Surgeons employed by the Health Committee in the cases of expectant mothers :—

Single	extractions	...	...	...	...	10
Two	do.	...	...	...	...	12
Three	do.	...	...	...	...	2
Four	do.	...	...	...	...	3
Five	do.	...	...	...	...	2
Six	do.	...	...	...	...	3
Seven	do.	...	...	...	...	1
Eight	do.	...	...	...	...	5
Ten	do.	...	...	...	...	1
Eleven	do.	...	...	...	...	1
Twelve	do.	...	...	...	...	5
Fourteen	do.	...	...	...	...	1
Sixteen	do.	...	...	...	...	1
Eighteen	do.	...	...	...	...	1
Twenty	do.	...	...	...	...	3
Twenty-two	do.	...	...	...	...	2
Twenty-three	do.	...	...	...	...	2
Twenty-four	do.	...	...	...	...	1
Full	do.	...	...	...	...	8
Fillings	...	...	...	...	...	27
Complete Double Dentures Supplied						29

Full enquiries are made into the financial circumstances of each case in order that a reasonable decision may be arrived at as to whether the patient or parents are in a position to contribute something towards the cost of their treatment. In some instances the full amount is paid, in others a proportion, and in the remainder no charge is made. The actual cost to the Corporation for this service during 1936 was £256 3s. 4d.

5.—Provision of Home Helps. A further extension of the Maternity and Child Welfare Scheme during the year has been the provision of Home Helps. A panel is kept in the Department of women suitable and willing to attend daily the home of a mother after confinement, when there is a family to be cared for, where the husband is following his daily employment, and where the financial circumstances preclude the provision of such assistance. The provision of these helps in the home, will, it is felt, do much to relieve the mind of the mother as regards the care of her family and home, and enhance the chances of her complete recovery. The following is a list of duties to be performed by the Home Helps :—

COUNTY BOROUGH OF BLACKPOOL.

PUBLIC HEALTH DEPARTMENT.

Duties of a Home Help and Conditions of Employment.

The Home Help must be prepared to be called out any morning up to 12 o'clock noon.

She must attend daily at the home between the hours of 8 a.m. and 6 p.m. (Sundays excepted).

She must (a) keep the home in a clean and orderly condition; (b) do the necessary cooking for the family; (c) see that the children are properly looked after during the time she is in attendance; (d) do two weeks' washing for not more than two adults and six children, if attending for a fortnight.

She must not interfere with the instructions of the doctor or midwife. She is not allowed to wash the patient, nor make her bed, nor undertake the duty of a nurse.

She must supply her own food, and is strictly forbidden to have any intoxicating drink whilst on duty.

The Home Help must be clean and tidy in appearance, and wear overalls or pinafores whilst on duty. She should be very particular about her nails.

Where a case of infectious disease occurs in the house of a Home Help, she must stop work, and report the case to the Health Office.

If the Home Help is not well, or for any other reason is unable to work, she must report to the Health Office **before 9-30 a.m.**, the same morning, so that no case will be sent to her.

Any conduct on the part of the Home Help detrimental to the service will be reported to the Public Health Committee, who may, as a result, cease to employ the Home Help.

Payment at an agreed rate (less National Health Insurance Contribution) for each full day's service, will be made by the Public Health Department, as soon as proof is obtained of satisfactory service for twelve days. No charge must be made to the patient.

A written order will be sent to her whenever she is required stating name and address. Without such written order, payment cannot be guaranteed. In emergency, a telegram may be sent, but the written order will be forwarded later.

E. W. REES-JONES,

Medical Officer of Health.

Public Health Department,
Blackpool.

During the year under review, home-helps were provided in nineteen cases, at a cost to the Corporation of £56 7s. 9d.

6.—Provision of Medical Assistance or Attendance of Midwife at Confinement. Financial help is given by the Health Committee in appropriate cases and during 1936, in 76 cases the Midwife's fee has been paid in full, and in 21 cases in part. Where medical assistance is requisitioned by a midwife, the doctor's account is sent to the Corporation in accordance with a scale of fees issued by the Ministry of Health and the Corporation have powers to reclaim the amount from the patient. In 50 cases, the doctors' fees have been paid in full. Midwives are encouraged to call in a doctor where there appears to be the slightest difficulty.

7.—Provision of Maternity Outfits. During the year the Health Committee authorised the supply of Steriliser Drums. These drums, fully equipped and sterilized, are for the use of those expectant mothers, who are not able, through adverse circumstances, to provide the appliances necessary for their confinement. The equipment is loaned to the midwife booked for the confinement, and she is held responsible for the return of the drum, etc., on completion of the case. This very valuable service is not being fully used and in only 16 instances were these outfits obtained. Steps are being taken to bring again to the notice of the midwives the desirability of utilising these services.

8.—Provision of Residential Accommodation for Maternity Cases. There were a total of 330 patients admitted to the Maternity Wards during 1936. As will be seen by the following list, abnormal cases are given special attention thereby utilising the accommodation available to the best possible advantage. This is extremely important, as it is much easier to correct an abnormality before labour commences than afterwards. As far as possible, one ward is reserved for ante-natal abnormalities.

Cæsarean Section	...	...	...	...	...	14
Forceps	...	...	...	...	...	21
Ante-partum Hæmorrhage	...	...	...	...	...	6
Post-partum Hæmorrhage	...	...	...	...	...	2
Albumenuria	...	...	...	...	...	20
Eclampsia	...	...	...	...	...	5
Cardiac	...	...	...	...	...	6
Ruptured Perineum	...	...	...	...	...	35
Retained Placenta	...	...	...	...	...	4
Breech Delivery	...	...	...	...	...	8
Gonorrhœa	...	...	...	...	...	3
Mastitis	...	...	...	...	...	8
Delayed Labour	...	...	...	...	...	5
Induction	...	...	...	...	...	17
Diabetes	...	...	...	...	...	2
Pyelitis	...	...	...	...	...	3
Twin Pregnancy	...	...	...	...	...	2
Cracked Nipples	...	...	...	...	...	4
Puerperal Pyrexia	...	...	...	...	...	7
Version	...	...	...	...	...	2
Ante-natal Rest	...	...	...	...	...	14

In addition to the above 59 cases of Abortion were admitted to the Isolation Wards for treatment.

The requests for admission to the Maternity Ward are in excess of the accommodation, and in cases which cannot be accommodated, a reliable midwife or Nursing Home is recommended.

It is interesting to note that since the commencement of this special work in 1920, 4,014 cases have been dealt with to the end of 1936. There is no definite allocation of beds for special cases but those mainly dealt with are (1) those without suitable accommodation at their homes and (2) those where complications are experienced or anticipated. There is no differentiation made between legitimate and illegitimate cases. The charges for admission vary up to £4 per week in accordance with the financial circumstances of the patients, and arrangements exist with the Lancashire County Council to admit cases for them from their administrative area if accommodation is available. Full details of the work at the Maternity Wards and of the complications are supplied to the Ministry of Health, of which the following are the main items :—

RETURN RELATING TO MATERNITY HOSPITALS AND HOMES MAINTAINED
OR SUBSIDISED BY THE COUNCIL DURING THE YEAR 1936.

1	Name and address of Institution—The Sanatorium, Devonshire Road, Blackpool.	
2.	Number of maternity beds in the Institution (exclusive of isolation and labour beds)	12
3.	Number of maternity cases admitted during the year	330
4.	Average duration of stay	14
5.	Number of cases delivered by—	
	(a) Midwives	250
	(b) Doctors	42
6.	Number of cases in which medical assistance was sought by a midwife in emergency	15
7.	Number of cases notified as—	
	(a) Puerperal fever	1
	(b) Puerperal pyrexia	7
8.	Number of cases of pemphigus neonatorum	—
9.	Number of infants not entirely breast-fed while in the Institution	32
10.	Number of cases notified as ophthalmia neonatorum	2
11.	(a) Number of maternal deaths	3
	(b) Cause of death in each case—	
	(a) Puerperal Fever	1
	(b) Puerperal Eclampsia	1
	(c) Cardiac Failure due to Placenta Pravias	1
12.	Number of infant deaths—	
	(i) Stillborn	32
	(ii) Within 10 days of Birth	13

9.—Post-natal Clinic. No special hours are set aside for this clinic, but every patient is recommended to attend the Clinic to be examined after confinement. This arrangement is of value, as every post-natal patient is a potential ante-natal patient of the future, and any known disability should be corrected as soon after the birth of the baby as possible. One hundred and ninety-three post-natal cases were dealt with at the Clinics during 1936.

10.—Convalescent Home Accommodation. In addition to the post-natal supervision exercised in the scheme, it was found necessary in emergency, during the year, to arrange for the provision of a period of convalescence for four patients after discharge from the Maternity Ward, before resuming their normal duties. Three weeks, with homely care and attention rendered the patients quite fit to return home. The Health Committee has authorised the extending of such treatment in the future to necessitous cases who could not afford to provide such facilities for themselves, and who, in the opinion of the Maternity and Child Welfare Medical Officer, would derive benefit from such care and attention.

The proprietors of the Boscombe Convalescent Home for women, Lytham, have very kindly put at our disposal some accommodation for convalescent cases, without any charge. Four women were sent, and received much benefit and the action of the proprietors is much appreciated both by the Health Committee and the patients.

11.—Infant Welfare Clinics. These have been in operation on Monday, Wednesday and Thursday afternoons throughout the year. Medical and nursing advice has been given to the mothers, milk has been provided in suitable cases free or at cost price, the babies have been weighed and examined, and records kept of their progress. 15,184 packets of dried milk have been dispensed at the Clinics, and owing to social conditions it was necessary that 5,633 should be supplied free and 7,262 at less than cost price. In addition, 30,700 gallons of pasteurised milk were supplied to 621 homes. Of this quantity about 26.4 per cent. was supplied free, and the remainder at cost or less than cost price.

Full enquiries are made into the financial circumstances in each case when application is made for a supply of milk and a document signed giving a statement of the size of the family, total income from all sources, rent, etc. When a supply of milk has been approved and allowed, the applicant is supplied with a copy of regulations governing the supply, which include the attendance of the children at the Clinic once every three weeks, and the sending of a receipt at the end of every month certifying the quantity of milk secured under the Scheme. The actual cost to the Corporation of the milk—whether dried or pasteurised—during the year was £3,106.

The total attendances at the Clinics during 1936 was 17,309, and of these 982 were "first" visits.

In addition to the supervision of the children at the Clinics, home visiting by the Health Visitors has been carried out and work performed similar in nature to that at the Clinic. Home visiting has one definite advantage over Clinic attendance in that it gives the visitor an opportunity of observing home conditions and advising such items as ventilation and sleeping accommodation.

During 1936, 1,397 first visits and 15,638 subsequent visits were paid by the Nursing staff.

It will be observed that the total number of visits to children between the ages of 1 and 5 years is considerably higher than in previous years. The Ministry of Health desire that the children in this age group should be kept under regular observation.

12.—Orthopædic Scheme. The Health Committee became participants in the Orthopædic Scheme of the Lancashire County Council towards the end of 1928.

The organization is briefly as follows: Non-tuberculous crippled children under the age of five years who are suffering from Rickets, Anterior Poliomyelitis, Spina Bifida, Talipes, Flat Foot, etc., are on the recommendation of the Maternity and Child Welfare Medical

Officer, sent to the Orthopædic Clinic at Fleetwood when Specialist Surgeons and Nurses of the staff of the Lancashire County Council are in attendance and where facilities for massage, etc., are available. If, on the advice of the Medical Officer in charge of the Clinic, a patient requires residential institutional treatment, arrangements are made for admission into Heswall Country Hospital at a rate of £85 12s. 0d. per annum where the requisite treatment is administered by specialists in this branch of Public Health work. X-ray examinations and treatment are also obtainable at the Myrtle Street Hospital, Liverpool, for cases requiring such treatment.

Where requisite and recommended at the Clinic or Hospital, bandages, splints, surgical boots, etc., are provided for the patients.

Reports regarding the progress of the patients are received on discharge from the Hospital or Clinic, or periodically if required.

With regard to the cost of treatment under the scheme, the parents are expected to contribute the full amount, but in many cases the financial circumstances of the parents prevent their being able to contribute anything towards the cost of treatment, whilst in other cases, small contributions are made. Each case is determined on its merits, full enquiries being made into the financial circumstances.

During 1936, the following cases have been under treatment :—

Diaphysical Aclasis ...	...	...	...	...	1
Hydrocephalus condition—Ataxic gait ...	...	...	...	...	1
Deformed Hip (Congenital) ...	...	...	...	...	7
Spastic Quadraplegia ...	...	...	...	...	2
Genu Varum ...	...	...	...	...	4
Talipes ...	...	...	...	...	3
Erb's Paralysis ...	...	...	...	...	1
Dislocated Thumb ...	...	...	...	...	1
Periostitis ...	...	...	...	...	1
Nerves of Arm ...	...	...	...	...	1
Spina-bifida ...	...	...	...	...	1
Flat Foot (Bilateral) ...	...	...	...	...	1
Dislocated Knee ...	...	...	...	...	1
Curvatures Tibiæ ...	...	...	...	...	1

Children receiving treatment under the Scheme, on attaining the age of five years, are transferred to the Education Authorities for continued treatment.

In addition to the various items mentioned above, children between the ages of 1 and 5 are kept under supervision by the Health Visitors, and thus there is a continuous supervision by us from the time of birth to the commencement of school attendance, where supervision by the School Medical Department is exercised. In this respect 10,386 visits were paid.

13. —Registration of Nursing Homes. On the 1st July, 1928, the Nursing Homes Registration Act came into operation, and this required Nursing and Maternity Homes to be registered by the Corporation. They have all been visited and inspected by the Maternity and Child Welfare Medical Officer, who reports satisfactorily upon them. Thirty Institutions were on the register at the end of 1936, consisting of seventeen Homes for Maternity Nursing and thirteen Homes for General Nursing. No orders have been made refusing registration.

The following is the list of the Registered Homes together with the number of beds available :—

NAME OF HOME.	BEDS		
	Maternity	Others	
Howard House, 250, Hornby Road ...	3	12	10 beds allocated as required.
150, Marton Drive	1	—	
22, Moore Street	1	4	
46, Sherbourne Road	3	7	
230, Hornby Road	3	7	
22, Severn Road	2	—	
1, Ribble Road	2	—	
13, Tower Street	1	—	
160, Reads Avenue	4	3	
129, Powell Avenue	1	—	
4, Magdalen Road	1	—	
1, Collingwood Avenue	1	2	
406, Waterloo Road	6	—	
244, Park Road	2	—	
412, Lytham Road	2	6	
45, Northfield Avenue	5	—	
68, Devonshire Road	5	2	
13, Ribble Road	2	—	
25, Sandicroft Road	4	—	
45, Sherbourne Road	1	1	
2, Ansdell Road	3	—	
26, Sherbourne Road	3	4	
486, Lytham Road	2	3	
12, Grasmere Road	2	—	
333, Lytham Road	—	1	
16, Dorchester Road	2	—	
19, Winchester Avenue	3	—	
27, Clovelly Avenue	1	—	
35, Fenton Road	2	—	
254, Waterloo Road	—	8	
TOTAL HOMES ON REGISTER ... 30	68	60	

14. --Nursed-out Children. Children and Young Persons Act, 1932. Infant Life Protection. The first visits are in all cases made by the Maternity and Child Welfare Medical Officer and her recommendations as to suitability submitted to the Health Committee, and subsequent visits are made by each of the Health Visitors in her own district. These visits were made at least quarterly, and up to the end of the year, 390 visits were paid, and Dr. Milne reports a considerable improvement in the conditions existing in the homes where these children are cared for.

The provisions of this part of the Act are briefly as follows and are embodied in a pamphlet entitled "Advice to Foster Parents" and issued by the Medical Officer of Health :—

1. Every person who undertakes for the first time to keep for payment a child under the age of nine years, either apart from its parents or having no parents must give notice in writing at least seven days before receiving the child, to

THE MEDICAL OFFICER OF HEALTH,
SEFTON STREET,
BLACKPOOL,

either personally or by registered letter. This notice must state :

- (i) the name of the child ;
- (ii) its sex ;
- (iii) the date of its birth ;
- (iv) the place of its birth ;
- (v) the name and address of the person from whom it is to be received ;
- (vi) the name of the person who is to keep it ;
- (vii) the premises in which it is to be kept.

2. Every person who is keeping for payment a child who will be under the age of nine years must give a similar notice unless notice has already been given.

3. Every person who undertakes to keep an additional child for payment must give a similar notice to the Authority at least 48 hours before receiving that child.

4. If a child is received in an emergency which makes it impossible for so long a notice to be given the Authority must be notified at the earliest possible moment, not later than 12 hours after the emergency.

5. Every person who is keeping a child without payment and then enters into an undertaking to keep it for payment must give a similar notice not later than 48 hours after entering into the undertaking.

6. Every person keeping a child for payment who intends to move to another house must give notice of the intended removal to the Authority at least seven days before removing. On removing to a district administered by another Maternity and Child Welfare Authority notice must also be given to that Authority at least seven days before the removal, giving the information set out in paragraph 1. (The Visitor will be able to give the address of the new Authority if the postal address of the new house is given to her.) If an emergency makes it impossible to give these notices before removal, they must be sent, with an explanation of the circumstances, not later than 48 hours after the emergency.

7. If a child kept for payment is handed over to another person, notices giving the name and address of the person to whom it is given must be sent within 24 hours (a) to the Authority and (b) to the person at his last known address from whom the child was received.

8. On the death of a child kept for payment, notices must be sent within 24 hours (a) to the Authority, (b) to the person from whom the child was received, and (c) to the Coroner of the district within which the body of the child lies,

The name of the Coroner for this district is

COLONEL HAROLD PARKER,

and notices addressed to him should be sent to

9, CANNON STREET, PRESTON.

9. Every person keeping a child for payment, must, unless exempted by the Authority allow the Infant Protection Visitor or other person duly authorised by the Authority to visit or examine the child and the premises where it is kept, in order to satisfy the Authority as to the proper nursing and maintenance and general health and well-being of the child and to give any necessary advice or directions.

10. The Authority may fix the total number of children under the age of nine years who may be kept in any one house. They may also lay down conditions which must be observed if more than a fixed number of such children are kept. It is a punishable offence to keep more children than the number fixed by the Authority or to fail to observe any such conditions.

11. It is a punishable offence for a child to be received for payment without the written sanction of the Authority :—

(a) by a person from whose care any child has been removed ;
or

(b) If it is being kept in any home from which any child has been removed under those Acts by reason of the premises being dangerous or insanitary or so unfit as to endanger the child's health ; or

(c) If the foster parent has been convicted of any offence of cruelty under the Acts relating to the prevention of cruelty to children and young persons.

12. No advertisement which indicates that a person or society will undertake or arrange for the nursing and maintenance of children under the age of nine years may be published unless the name and address of the person or society are truly stated in the advertisement.

13. No person may directly or indirectly insure the life of a child received for payment, or may claim payment of insurance on its death.

14. These requirements do not apply to persons keeping children for payment if the children are :—

- (a) under their legal guardianship, or are related to them as grandchildren, brothers, sisters, nephews or nieces ; or
- (b) received under the Poor Law ; or
- (c) certified mental defectives under guardianship ; or
- (d) in certain hospitals, convalescent homes or institutions.
(Details may, if required, be had from the Visitor.)

15. Payment means any payment, either in money, gifts or money's worth, or any promise to pay or give money or money's worth, whether there is any intention of making a profit or not. This includes therefore the receipt of lump sums as well as of payments at intervals.

16. Persons who fail to carry out the above requirements or who wilfully make, or cause to be made, false statements in the notices required to be given are liable to be punished by imprisonment for six months, or by a fine of £25. Persons who do not notify are committing a continuing offence, which may be punished at any time during which the child is in their care or within six months after.

E. W. REES-JONES,
Medical Officer of Health.

Number of Children on Register, end of 1935	...	...	...	49
Number of applications received during 1936	...	...	...	63
Number of applications granted by Health Committee...	...	...	...	62
Number of applications not granted	...	...	...	1
Number of children returned to parents during year	...	...	...	48
Number of children adopted legally during the year	...	...	...	3
Number of children who died during the year	...	...	...	2
Number of children who attained the age of nine years	...	...	...	4
Transferred to other towns and Institutions	...	...	...	9
Number of children remaining on Register at the end of 1936...	...	...	...	45

15.— Ophthalmic Neonatorum. This disease of the newly-born which is so frequently a cause of blindness, resulted in fourteen cases being notified during the year. All the cases were removed to the Sanatorium for treatment, and all recovered without any impairment of the sight.

In order to keep this disease freshly in the minds of the midwives in the area, their attention is periodically called to the duties they are called upon to perform under the requirements of the Central Midwives Board, and the following is a copy of a circular which has recently been sent to each midwife practising in the town :—

To the REGISTERED MIDWIVES,
BLACKPOOL.

In order to check the occurrence of OPTHALMIA NEONATORUM which is unduly prevalent, you are reminded of the following requirements of the **Central Midwives Board** :

- (a) " Eye drops must be carried in a bottle of special shape, distinguishable by touch as well as sight."
- (b) " Duties to child. As soon as the head is born, and if possible before the eyes are opened, its eyelids must be carefully cleansed."
- (c) " Inflammation of, or discharge from the eyes, however slight, call in a registered medical practitioner."

It is important to wash out the eyes of ALL BABIES IMMEDIATELY AFTER BIRTH with a solution of Boracic Acid, and afterwards drop in two drops of a solution of Silver Nitrate.

The solution of Boracic Acid is made by dissolving a heaped teaspoonful of Boracic Powder in a tumblerful of hot water, allowing it to cool, and then keeping it in a clean bottle.

The solution of Silver Nitrate will be obtained from my office on application without charge. In the first instance it is supplied in a drop-bottle, and this bottle will be re-filled at the office as often as required. Please call for this solution and keep both bottles always in your bag. Do not fail to use the two lotions in all cases. If they are properly used according to the directions given below, Ophthalmia Neonatorum will probably not occur.

DIRECTIONS FOR USE.

FIRST—WASH YOUR HANDS THOROUGHLY.

Then wash the baby's eyes with some CLEAN COTTON WOOL or CLEAN RAG soaked in the Boracic Solution. You should keep a small supply of clean cotton wool or clean rags (boiled and dried) in a small linen bag inside your own bag.

Then dry the eyelids well with some more of the cotton wool or clean rag. Throw all the pieces of wool or rag on the fire as soon as used. Do not use a second time.

Then draw down the inner corners of the lower lids of baby's eyes and drop two drops only of the Silver Nitrate solution into each eye. Then leave them alone. Wash the baby's eyes every day with the Boracic Solution. It will not be necessary to use the Silver Nitrate after the first time.

E. W. REES-JONES,
Medical Officer of Health.

I. A. MILNE,
Maternity and Child Welfare
Medical Officer.

16.—Prevention of Deafness. The following circular was issued in May, 1933, by the Ministry of Health on this subject :—

Sir,

PREVENTION OF DEAFNESS.

I am directed by the Minister of Health to request you to draw the attention of the Authority to the report made by the late Dr. Eichholz, entitled "A Study of the Deaf," which was presented to the Minister and the President of the Board of Education and has recently been published by H.M. Stationery Office, price 3s. 0d. net. The Minister has under consideration the suggestion in the report that further research is needed into the causes of deafness, and in the meantime he wishes to bring to the notice of the Authority what is said in the report on the prevention of deafness.

The report points out that the vital factor in dealing with deafness lies along the lines of prevention, and that, although much is already being achieved through the public health services to arrest child deafness and post-natal deaf-mutism, more could be done by pursuing the methods at present available. The Minister endorses the suggestion that Maternity and Child Welfare Authorities should give close attention to the early and continuous treatment of infants suffering from ear defects, with a view to preventing the deafness and deaf-mutism which are otherwise likely to ensue, and he desires to draw the attention of the Authority to the particular measures recommended in the report. These comprise :—

(a) The early and effective treatment of ear disease resulting from infectious diseases such as measles, scarlatina, diphtheria and meningitis ; and

(b) The particular observation and treatment of nose and throat defects.

The Minister trusts that the Authority will take into consideration at an early date (i) what use can be made of existing facilities (e.g., infant welfare centres and health visiting) and what additional measures are necessary in their area to ensure the early detection of these defects and diseases

in infants ; and (ii) what arrangements can best be made for providing the necessary treatment. Wherever practicable it is of course desirable that the treatment of ear diseases should be entrusted to a medical practitioner who has special experience of this work, and in areas where such a specialist is engaged for the School Medical Service arrangements could no doubt be made for his services to be available to the Maternity and Child Welfare Authority.

A copy of this Circular is being sent to the Medical Officer of Health, and further copies may be obtained from His Majesty's Stationery Office at the addresses shown below.

I am, Sir,

Your obedient Servant,

A. K. MACLACHLAN,

Assist. Secretary, Ministry of Health.

To the Town Clerk.

This circular was submitted to and considered by the Health Committee, and on their instructions I submitted the following report which was adopted :—

TO THE HEALTH COMMITTEE OF THE
BLACKPOOL CORPORATION.

In accordance with your instructions I have to report that I have conferred with Drs. Milne, Dickinson and Eaton upon the above circular of the Ministry of Health.

DR. ISABELLA MILNE, MATERNITY AND CHILD WELFARE MEDICAL OFFICER : Dr. Milne, while acting as Resident Medical Officer at Booth Hall Hospital, Manchester, had charge of a Ward of 20 beds (0-14) for ear, nose, and throat diseases, and thus gained considerable experience in dealing with cases of this class. She will, in her M. and C. W. Clinics, give special attention to the early detection of defects in children up to the age of 5 years. She will also supervise convalescent Scarlet Fever cases in pre-school children for a period of one month following release from isolation.

DR. ELSIE DICKINSON, ASSISTANT SCHOOL MEDICAL OFFICER : Dr. Dickinson, while acting as anæsthetist to the Ear, Nose and Throat Hospital, Glasgow, had special opportunities of observing cases of this class. She will, in her School Medical work, whether in the schools or the School Clinics, pay special attention to the detection of the removable causes of deafness. She will also supervise convalescent Scarlet Fever cases in school children for a period of one month following release from isolation.

MR. E. MILNE EATON : Mr. Eaton is engaged solely in ear, nose, and throat practice, and is Honorary Aural Surgeon to the Blackpool Victoria Hospital and Consulting Aural Surgeon to the Fleetwood and Lytham Hospitals. He has kindly undertaken to act as Oto-laryngologist to the Health Department for cases now under consideration, and will examine, report upon, and give general advice on cases referred to him by Drs. Milne and Dickinson.

DR. G. W. MURRAY, ASSISTANT MEDICAL OFFICER OF HEALTH : has not had any special experience in this work, and therefore his assistance is not available for purposes other than administration of anæsthetics.

E. W. REES-JONES.

17.—Dental Work for Children. A scheme has now been organised and put into operation for dental treatment for all cases requiring it in children under five years of age. The children are examined at the Infant Welfare Clinic by the Maternity and Child Welfare Medical Officer, and an official order is issued upon the Dental Surgeon appointed by the Health Committee for the area in which the patient resides. Three Dental Surgeons have been appointed as part-time officials of the Department, one each for the North, Central, and South sections of the Town. The treatment, which covers the following items, is administered at the Surgeon's business premises :—

- (a) (1) Extractions and Dressings.
- (2) Extractions with local anæsthetics.
- (3) Extractions with gas.
- (b) Fillings where necessary.

In cases where the financial circumstances of the patients are such that they will not permit of the payment for this treatment, the expenses are borne by the Health Committee. Full enquiries are made into the financial circumstances in each case and where possible, a contribution towards the cost is paid by the parents or guardians of the child.

The following work was performed during the year :—

1	Extraction	...	...	...	...	...	7
2	Extractions	...	...	...	...	...	11
3	do.	...	...	...	...	...	1
4	do.	...	...	...	...	...	4
6	do.	...	...	...	...	...	1
8	do.	...	...	...	...	...	6
12	do.	...	...	...	...	...	1
13	do.	...	...	...	...	...	1
	Fillings	...	...	...	...	...	15

The actual cost to the Corporation was £29 17s. 6d.

18.—Birth Control Clinic. This Clinic is now organised and working satisfactorily. Patients attending this Clinic are those suffering ailments of a major nature, which make a further confinement a danger to their lives. Advice is not given on purely economic reasons. The patients have been, so far, mostly those who have had their previous confinements in the Maternity Wards. The average number of attendances is necessarily small. There were 34 first visits and 78 re-visits paid to the Clinic. At the request of the Medical Officer of Health for Lytham St. Annes arrangements have been made for cases selected by him to be dealt with at the Blackpool Clinic and it is gratifying to be able to render this assistance to a neighbouring Authority.

19.—Investigation of Maternal Deaths. These investigations have been carried out by the Maternity and Child Welfare Medical Officer, in consultation with private practitioners, nurses or midwives and the relatives, and the reports forwarded to the Ministry of Health. These reports are of a confidential nature and therefore I am at liberty to give you only a general statement upon them. The Registrar-General has allocated six maternal deaths to Blackpool : three due to sepsis, and three to other conditions. As there were 1,394 births during the year (including live and still births) this gives a maternal mortality rate of 4.2. This figure is decidedly disappointing. In spite of all the work under our scheme, as detailed in the above paragraphs, an impression upon our rate has not yet been made, and the control of maternal mortality must remain as the most prominent and urgent of our problems. I feel that we should make greater efforts to get the local medical and nursing professions actively interested in the subject and look upon it from a wide and general standpoint rather than as affecting individual cases which they may be attending. For this purpose a series of meetings addressed by authorities of high repute might be organised at the end of this summer and I hope that the Health Committee will give this suggestion of mine their consideration.

A few notes on the six deaths will be of interest. They were as follows :—

1. Cause of death : PUERPERAL FEVER. Death on the seventh day after confinement.
2. PULMONARY EMBOLISM. A sudden and unexpected death.
3. PUERPERAL ECLAMPSIA. Had several eclamptic fits. Poor circumstances.
4. NEPHRITIS OF PREGNANCY. Severe Albumenurea. Would not diet during pregnancy. Would not co-operate with own Doctor for ante-natal treatment.
5. PLACENTA PRÆVIA. Poor circumstances. Received full ante-natal treatment. Had milk supply and free dinners. Vomiting, faintness and death sixth day after admission to Hospital.
6. PUERPERAL FEVER. HOTEL WAITRESS. Poor. Attended ante-natal Clinic once only. Had precipitate labour. Probably induced labour.

The preceeding notes upon our maternal deaths will indicate the diversity of the subject, the various conditions which may cause death, and some of the avenues by which the problem may be attacked.

20.—Sunlight Clinics. There are three sessions weekly. The total number of new cases during 1936 was 40 and the total number of attendances was 1,171. This Clinic is supplying a much felt need. Under-developed and backward children begin to thrive from the first day they are brought to the Clinic. Our results have been very satisfactory.

Expectant and nursing mothers are also treated at this Clinic. It is found that this treatment is most beneficial in such cases, it acts as a stimulant and tonic, and is excellent for the various forms of muscular pains experienced both before and after childbirth.

There is a lengthy waiting list of these cases, but it is hoped at an early date to obtain further facilities in this section of the department.

21.—Weakly Babies. During the year, and in so far as accommodation was available, a number of infants have been admitted to the Sanatorium for such conditions as feeding and nutritional disorders, and the following is a list of such cases during 1936 :—

Enlarged Tonsils and Adenoids	...	...	1
Circumcision	...	...	4
Marasmus	...	...	20
Pneumonia	...	...	1
Prematurity	...	...	9
Other conditions	...	...	15
TOTAL	...	...	<u>50</u>

This service has been of much value and has been highly appreciated by the parents of the children.

Table Shewing Visits, Attendances at Clinics, Milk Supply, etc.

(A) VISITS BY HEALTH VISITORS.

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
<i>Births</i> : First Visits	1183	1049	1113	1147	1109	1075	1126	994	1314	1188	1294
Subsequent Visits	4519	4671	4308	4319	4499	3749	3152	2760	4656	5966	5355
<i>Expectant Mothers</i> : First Visits	299	256	335	317	275	310	293	330	518	652	652
Subsequent Visits	1790	1509	1939	2175	1855	1941	1882	954	1831	2129	2216
Stillbirths	36	48	35	57	48	41	35	39	63	50	57
Deaths	58	55	55	48	49	32	39	30	65	49	53
Puerperal Fever	1	1	1	6	5	11	15	26	14	8	14
Ophthalmia Neonatorum	165	140	129	72	58	6	—	21	9	17	63
Midwives	209	186	162	179	145	229	158	148	177	184	194
Female Outworkers	2	1	—	—	4	—	—	—	—	2	—
Children other than newly-born	994	1395	931	1796	2057	1606	2471	4062	8461	10380	10386
TOTALS	9256	9311	9008	10116	10104	9000	9171	9364	17108	20625	20284
(b) ATTENDANCES AT CLINIC.											
<i>Expectant Mothers</i> : First Visits	19	21	37	45	49	187	418	462	608	694	1064
Subsequent Visits	140	135	190	216	241	117	2248	2040	2952	3066	3930
<i>Children</i> : First Visits	524	553	558	666	726	647	705	642	762	1044	982
Subsequent Visits	10969	13400	12834	14191	16706	7635	8528	8906	11095	13682	16327
TOTALS	11652	14109	13619	15118	17722	8586	11899	12050	15417	18486	22303
(c) SUPPLY OF DRIED MILK, PACKETS.											
Supplied Free	5259	7380	6425	6957	9425	2848	438	2472	1631	3824	5633
At reduced charge	2210	2666	2372	3251	5602	2302	767	2550	2229	5054	7262
At nett actual cost	4351	3678	3122	3679	1631	327	380	1163	672	1242	2289
TOTALS	11820	13724	11919	13887	16658	5477	1585	6185	4532	10120	15184
(d) PROVISION OF MIDWIVES AND DOCTORS.											
Full Midwife's fee granted	41	24	15	13	6	7	12	15	40	56	68
Half midwife's fee granted	15	10	31	27	25	27	37	14	40	48	31
Full doctor's fee granted	14	8	6	8	16	7	16	30	24	83	63
Half doctor's fee granted	6	6	—	—	3	5	7	15	20	30	43

VENEREAL DISEASES SCHEME.

Clinics are held each day of the week—four Clinics for Males and two clinics for Females—at special Wards at the Blackpool Victoria Hospital. Dr. G. W. Murray was in attendance at the Male Sessions and Dr. I. A. Milne at the Female Sessions.

To bring the facilities to the notice of the public generally, small posters are placed in all the Public Lavatories in the town, informing the public that treatment is provided for them with the utmost privacy, free of cost, and appealing to them to take advantage of the Scheme. The situation of the Clinic and the hours of attendance are specified on these posters.

Patients may attend at the Clinic at any hour for irrigation, a member of the staff of the Hospital being in attendance to supervise such irrigations. The existing arrangements in this respect would appear to meet the needs of the patients.

The Local Medical Practitioners are fully aware of the facilities available at the Clinic, and of the fact that the services of the Medical Officers of the Treatment Centre are available at any time for the purpose of consultation free of charge. An increasing use has been made of this feature.

There are 32 Medical Practitioners in the area who are qualified to receive free supplies of Arsenobenzol compounds, all of whom have been supplied.

During the year advantage was taken of the facilities for pathological examinations by Medical Practitioners in 312 cases.

The hours of the Clinic are as follows :—

MALES :

Mondays	...	4-45 p.m. to 6-30 p.m.
Wednesdays	...	11-0 a.m. to 12-30 p.m.
Thursdays	...	4-45 p.m. to 6-30 p.m.
Saturdays	...	11- 0 a.m. to 12-30 p.m.

FEMALES :

Tuesdays	...	5- 0 p.m. to 6-30 p.m.
Fridays	...	11- 0 a.m. to 12-30 p.m.

The following Salvarsan substitutes are kept at the Health Offices for distribution to Medical Practitioners who are qualified to receive them : Neo-Kharsivan, Kharsulphan and Stabilarisan.

The following is a brief outline of the Venereal Diseases Scheme as organised in Blackpool, and as embodied in a special report to the Health Committee by Dr. G. W. Murray :—

Publicity.—To bring the facilities to the notice of the public generally, small posters are placed in all the Public Lavatories in the town, informing the public that treatment is provided with the utmost privacy and free of cost, and urging them to apply for treatment early. A similar notice has appeared in the local press. No further propaganda has been carried out.

Treatment.—Appended is a Table shewing the new cases treated during the past seven years. It will be noted that the tendency is for a slight fall in the number since the beginning of the Scheme.

Cures.—It will be noted that the number of cases regarded as definitely cured during 1936 shows a considerable increase over the previous year. Stringent precautions are taken to ensure that the disease is finally eradicated, and when there is any suspicion that patients are not absolutely cured they are kept under observation for further and varying lengths of time.

In the case of Syphilis, after all active treatment has ceased the patient must report at intervals over a period of 2—3 years for Blood Tests before it can be definitely averred that he is cured.

With Gonorrhœa patients, certain tests as laid down by the Ministry of Health must be carried out at intervals before a final decision can be given.

In either case if the patient appears early for treatment the prospect of cure is definite, though treatment may be prolonged. The longer the delay, however, before treatment is applied for, the more likely for complications to occur and for permanent damage to the system takes place. In long standing cases the prospect of absolute cure is doubtful.

Outline of Treatment.

SYPHILIS.—In early, primary, or secondary cases direct microscopical examination for the germ causing the condition is made at the Clinic, and blood tests done. The diagnosis of Syphilis being confirmed, one, two, or more courses of injections (Arsenobenzol and Bismuth) are given. Each course lasts about 16—18 weeks, and between each course a blood test is done. Local and general symptoms rapidly subside, but treatment is necessarily prolonged. After two consecutive blood tests are Negative, active treatment is stopped and tests done at intervals over at least 2 years.

GONORRHŒA.—Microscopical examination is made at once of early discharge and a diagnosis come to. Treatment, local and medicinal, is carried out daily and at weekly intervals urine and other examinations are made in order to ascertain the progress of the condition. If treatment is commenced early symptoms subside fairly rapidly and the patient may be ready for tests of cure in about 6—8 weeks, but all tests must be negative before the patient can be discharged as cured. With Gonorrhœa cases, however, there is a decided tendency for complications to arise, and for the condition to become more chronic. In this case treatment may be very prolonged, and with the large Clinics and the time at our disposal it becomes very difficult to give anything like the individual attention to patients they merit.

Defaulters.—On the whole the attendances at the Clinic are very satisfactory, but quite a large number of patients cease attending before treatment is finally completed, as will be seen in the appended Table. The figure is higher than one would like to see, but is explainable in various ways :—

- (1) A number transfer to other areas and are given a transfer card, so that presumably treatment is completed elsewhere.
- (2) In Blackpool with its great influx of workers and visitors during the Season, a large number attend the Clinics here while in the Borough, but leave the district without giving notice and therefore get no transfer card. These cases must of course be reckoned as having defaulted although they may continue treatment in their own home district.
- (3) A number are to all intents and purposes “cured,” but fail to attend for the final tests. Many of them return later for completion of tests, but during any year may have been put down as defaulters.
- (4) A certain number through laziness and lack of interest in their own health cease attending after the acute symptoms subside, and only return if complications arise. It is often extremely difficult to convince these patients of the dangers to themselves and others they are incurring.

A full statistical report upon the work carried out during the year has been prepared and forwarded to the Ministry of Health. A summary of the work for each of the seventeen years during which the Scheme has been in operation is given in the following table :—

	Totals, 1936	Totals, 1935	Totals, 1934	Totals, 1933	Totals, 1932	Totals, 1931	Totals, 1930	Totals, 1929	Totals, 1928	Totals, 1927	Totals, 1926	Totals, 1925	Totals, 1924	Totals, 1923	Totals, 1922	Totals, 1921	Totals, 1920	Totals, 1919	Totals, 1918
1. Number of patients under treatment 1st January, 1936	317	341	373	307	271	223	225	252	226	257	279	194	182	280	227	315	181	35	16
2. New out-patients ...	482	440	476	583	811	760	896	903	691	551	498	569	515	493	486	499	519	333	141
3. Total attendances of out-patients (including attendances for irrigation)	23679	21375	21792	24353	15614	17542	20965	22494	21321	15521	13521	11735	7190	6440	7404	8180	6839	3092	1574
4. Aggregate number of In-patient days ...	394	95	210	234	168	Nil	Nil	90	75	100	67	161	62	140	117	38	273	520	219
5. Specimens examined for Wasserman reaction ...	858	743	745	586	255	428	259	252	412	353	280	207	175	172	143	91	77	36	95

II.—SANITARY CIRCUMSTANCES OF THE BOROUGH.

Water Supply.—This is under the jurisdiction of the Fylde Water Board. The water is an upland surface water of a soft nature. The gathering ground is a good one, and is thoroughly safeguarded from all risk of animal pollution, and the water is now laid on to every inhabited part of the Borough.

Samples are taken for bacteriological analysis, and the Clerk to the Board has been good enough to furnish me with the reports received during the year.

Report No.	Organisms growing on Nutrient Gelatine cultivated for three days at 20° C. per 1 c.c. of Water.			Organisms growing on Nutrient Agar cultivated for two days at 37° C., per 1 c.c. of Water.		B. Coli Communis.		B. Enteritidis Sporogenes	
	Lique-fying.	Non-Lique-fying.	Total.	Total Counts.		Found in.	Not found in.	Found in.	Not found in.
1	1	11	12	2		—	100 c.c.	—	100 c.c.
2	4	10	14	—		—	100 c.c.	—	100 c.c.
	Aerobic Micro-organisms growing in Yeastal Agar. No. of Colonies per c.c. of Water.			Bacteria associated with Sewage of faecal pollution.		Quantity of Water in which these bacteria were.		Probable number of Coli-aerogene bacteria per 100 c.c. of Water.	
	In 3 days at 22° C.	In 2 days at 37° C.				Found	Not found.		
3	72	5		Bacillus Coli.		50 c.c.	10 c.c.	.	5
4	18	11		"		50 c.c.	10 c.c.		1
5	39	1		"		50 c.c.	10 c.c.		3

SEWERAGE OF THE BOROUGH.

Since the issue of my last Report considerable progress has been made towards improving the sewerage of the whole of the Borough, as follows :—

Northern Area.

The construction of the building for the new pumping and screening chamber at Anchorsholme is now completed and the erection of the screening plant is also finished. The installation of the pumping plant is now proceeding while about 200 yards of the outfall sewer to the sea has been laid. The 8 ft. 6 in. by 8 ft. 6 in. reinforced concrete culvert is completed from the New Pumping Station to a point opposite Warren Drive in Fleetwood Road and as soon as the Pumping Station is completed this length of new sewer can be put into operation and so alleviate the flooding in this vicinity. Work on subsidiary sewers which gravitate into the main trunk sewer are proceeding in Warbreck Drive and Holmfield Road and Enfield Road.

Central Area.

In the Central Area a complete new Pumping Station and screening plant situated on the south side of the present chamber at Manchester Square has been constructed. This Station has screens of the latest pattern and is capable of dealing with 330 cubic feet of sewage per second and should be in operation shortly.

Southern Area.

The construction of the R.C. Storage Tank at Queen Victoria Road Recreation Ground is nearing completion, and the work of constructing the R.C. Culverts from Harrowside to the Welcome Inn has commenced. All the above work is being carried out by Contract and their total value amounts to approximately £140,000.

Further contracts are being prepared and that for the construction of R.C. Culverts and Sewers from the Welcome Inn to Preston Old Road will be let in the course of the next few months.

Loan sanction has been applied for, for the construction of the Outfall works at Harrowside and for the construction of Lennox Gate Pumping Station. These works are being carried out by direct labour and are commencing shortly.

Eastern and Gynn Area.

A local enquiry is shortly being held by a Ministry of Health Inspector after which the work of sewerage the above areas will proceed rapidly. The sewers proposed are storm relief sewers to prevent flooding in these areas.

There are 54,165 water closets in the town, about 3 cesspools and about 378 pail closets. Two cesspools have been abolished and connections made to the sewerage system during the year. It is hoped to abolish the remainder during the current year.

Scavenging.—This is carried out by the Cleansing Department of the Corporation. As all the inhabited portions of the town are on the water carriage system the collection and disposal of excreta other than by this system is small in quantity. The cesspools and privies, where they exist, are emptied and cleaned at least once a week.

With regard to household refuse, galvanized iron bins with tight-fitting covers are the most satisfactory of all forms of receptacles and under Section 26 of the Blackpool Improvement Act, 1928, the Corporation are empowered to prescribe the size and material of such receptacles required in substitution of any ashpit or other fixed or movable receptacle for refuse. In the exercise of this power, the Corporation, on the recommendation of the Health Committee adopted the following specification: "Body to be of 20 B.W.G. before galvanising, and of a capacity of not less than three cubic feet, or not more than 3.5 cubic feet. The materials, workmanship and construction to be of best quality throughout."

I am informed by the Director of Public Cleansing that refuse was removed from all premises weekly, whilst during the season a daily collection was carried out from hotels, hydros, Restaurants, and larger boarding-houses, and from the ordinary company-houses the refuse is removed from two to three times a week. With a modification requisite for meeting the reduced demand in connection with company-houses, this system is maintained during the winter months. The refuse collected is dealt with at the Refuse Disposal Works, and during the year this amounted to 38,018 tons, whilst in addition 26 tons were tipped away, and 675 tons of nightsoil were removed.

The Refuse Disposal Works, recently extended, at Bispham have operated efficiently and without nuisance or annoyance. A fairly complete description of these works was given in my report for 1931, and it is not necessary to repeat it here.

With regard to the **inspection of ash-receptacles** by the Health Department, the following work has been carried out :—

TOTAL NUMBER OF VISITS MADE	...	...	...	...	1,303
Satisfactory ash receptacles	...	...	...	...	111
Unsatisfactory ash receptacles	...	...	...	...	538
Re-inspections of houses under notice	...	...	...	...	654
TOTAL NUMBER OF NOTICES SERVED :					Preliminary Statutory
To provide galvanised ashbins	...	...	—	...	601
Total number of ashpits abolished	...	...	—	...	—
„ informations laid	...	...	—	...	439
„ galvanised ashbins provided	...	...	—	...	474

Sanitary Inspection of the District.—This is under the supervision of the Chief Sanitary Inspector, who has submitted to me the following statistical statement of the work carried out by him and his assistants :

COMPLAINTS RECEIVED	381
VISITS AND INSPECTIONS (TOTAL)	31,779
Number of houses fully inspected :—	
(a) New houses... ..	1,541
(b) Old houses	363
(c) Basement tenements	Nil
(d) Temporary structures	65
Number of inspections of works in progress	3,690
Visits to houses and other premises	6,697
Visits by Inspectors <i>re</i> Housing Survey	7,760
Re-inspections in relation to nuisances under notice	3,686
Inspections of basements	30
Inspections of manure heaps	510
Sands inspections	15
Enquiries into deaths	8
Smoke observations (half-hour duration each)	41
Visits to temporary structures	364
Inspections of back passages	67
Offensive trades	240
Inspections under Rats and Mice Destruction Order	627
Inspections of Common Lodging Houses	594
,, ,, Factory and Workshops	517
,, ,, Bakehouses	955
Visits by Inspectors in relation to Infectious Diseases	2,137
NOTICES SERVED FOR THE ABATEMENT OF NUISANCES :—	
Statutory	144
Preliminary	578
Verbal	180
HOUSE DRAINS TESTED—Total number of tests made	2,269
NEW HOUSES EXAMINED :—	
Drains { satisfactory	1,507
unsatisfactory on first test	32
rendered satisfactory after first test	40
OTHER HOUSES (1st test) satisfactory	17
Drains unsatisfactory	267
House drains re-tested during re-laying	271
Final Test Satisfactory	135
NUMBER OF HOUSES WHERE SANITARY DEFECTS WERE FOUND	727
NUMBER OF HOUSES WHERE SANITARY DEFECTS WERE REMEDIED	693
NUMBER OF SANITARY DEFECTS REMEDIED	2,672

DRAINS :—

Drains laid, re-laid, disconnected, and ventilated	...	58
Drains repaired and cleaned out	... ..	685
New Gullies fixed	... ..	4
New w.c.'s fixed in lieu of privies, pail closets, and defective w.c.'s	... ..	32
Water closets repaired	... ..	13
Water closets unblocked	... ..	3
Fittings and water provided for w.c.'s	... ..	41
W.C. soil pipes repaired and ventilated	... ..	9
Cesspools abolished	... ..	1
Pail Closets provided	... ..	Nil
Privies abolished	... ..	Nil
Privies reconstructed into Pail Closets	... ..	Nil
Pail Closets abolished	... ..	Nil

WASTE PIPES :—

New slopstone waste pipes fixed	... ..	20
New rainwater pipes fixed	... ..	4
Rainwater pipes and roof gutters repaired	... ..	61
Slopstone waste pipes repaired	... ..	30

MISCELLANEOUS :—

Houses cleansed and lime-washed...	... ..	6
Houses disinfested (Hydrogen Cyanide gas, 346 ; Sulphur, 40 ; Other Methods, 123)	... ..	509
Floors laid or repaired	... ..	47
Back yards repaired...	... ..	75
Back yards flagged, concreted or asphalted	... ..	45
Accumulations removed	... ..	44
Animals removed from improper situations	... ..	1
Roofs repaired	... ..	63
Rooms ventilated	... ..	42
Yards cleansed	... ..	6
Watercourses cleansed	... ..	8
Overcrowding ceased	... ..	7
Manure Receptacles Abolished	... ..	Nil
Do. Provided	... ..	Nil
Sundry minor defects remedied	... ..	858
Number of manholes, gullies, etc., reported to Director of Cleansing	... ..	21
Back streets requiring forming reported	... ..	22
Erections in yards, etc., reported	... ..	5

Factory and Workshops Act, 1901.—There are 587 Factories in the Borough, and through the courtesy of the Inspector of Factories I am able to give the following classification :—

Building and Furnishing Trades	...	...	...	...	112
Preparation of Food and Drink	...	...	...	...	234
Manufacture of Wearing Apparel	...	...	...	...	74
Printing and Bookbinding	...	...	...	...	43
Engineering	...	...	...	...	73
Lighting	...	...	...	...	14
Laundries and Cleaning Works	...	...	...	...	17
Miscellaneous	...	...	...	...	20
TOTAL	...	...	...	...	587

There are 587 workshops in the Borough, and their classification is given in Table 4, on page 104.

During the year 51 workshops were discontinued, and 40 new workshops were added to the register. Of the 40 new workshops, 2 were dressmakers, 3 tailors, 2 boot repairing, and 1 joinery.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES

PREMISES.	Number of		
	Inspections	Written Notices.	Prosecutions
FACTORIES (including Factory Laundries)	85	1	—
WORKSHOPS (including Workshop Laundries)	432	8	—
WORKPLACES (Other than Outworkers' Premises included in Part 3 of this Report.)	955	1	—
TOTAL	1472	10	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES

PARTICULARS	Number of Defects.					Number of Prosecutions.
	Not Remedied 1935.	Found.	Remedied 1936.	Not Remedied 1936.	Referred to H.M. Insp'r.	
NUISANCES UNDER THE PUBLIC HEALTH ACTS :—						
Want of cleanliness	6	288	284	10	—	—
Want of ventilation	1	—	1	—	—	—
Overcrowding	—	—	—	—	—	—
Defective drains	—	—	—	—	—	—
Other nuisances... ..	2	7	6	3	—	—
Sanitary } insufficient	—	4	3	1	—	—
Accommo- } unsuitable or defective...	—	4	4	—	—	—
dation } not separate for sexes ...	1	1	2	—	—	—
OFFENCES UNDER THE FACTORY AND WORKSHOP ACT :—						
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—	—	—
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	—	1	1	—	—	—
Other Offences	—	1	1	—	—	—
(Excluding offences relating to outwork, which are included in Part 3 of this Report.)						
TOTAL	10	306	302	14	—	—

3.—HOMEWORK.

NATURE OF WORK. (1)	OUTWORKERS' LISTS. SECTION 107.					
	Lists received from Employers.					
	Twice in the year.			Once in the year.		
	Lists (2)	Outworkers		Lists. (5)	Outworkers	
		Contrac- tors. (3)	Work- men. (4)		Contrac- tors. (6)	Work- men. (7)
Wearing Apparel :— Making, etc.	12	12	—	—	—	—
Umbrellas, etc.	—	—	—	—	—	—
TOTAL	12	12	—	—	—	—

Inspections of Outworkers' premises 4

Addresses of Outworkers received from other authorities 3

Do. do. forwarded to other authorities 2

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.						Number
Important class of workshops, such as workshop bakehouses, may be enumerated here.	Making of wearing apparel	...	...	...	...	164
	Workshop bakehouses	...	...	...	...	224
	Preparation of other foods	...	...	...	...	6
	Building Trades	...	...	...	...	53
	Furniture making, etc.	...	...	...	...	26
	Conveyances	...	...	...	...	30
	Other Trades	...	...	...	...	84
	Laundry Workshops	...	...	...	...	0
Total number of workshops on Register						587

It will be observed from the preceding tables that 1,472 visits were paid by the Inspectors during the year, and the sanitary conditions have been kept under close supervision. This total includes 955 visits to workplaces, but not the visits to slaughter-houses. 306 defects were detected, 10 were still requiring attention at the commencement of the year, and of these 302 were remedied, leaving 14 still requiring attention at the commencement of 1937. Circular letters were sent out at the beginning of February and August, asking for lists of outworkers. The premises of the outworkers were visited during the year, and were found in a satisfactory condition. There are not any premises within the Borough where Rag Flock is manufactured.

Blood Drier at Public Slaughter house	...	...	1
Tripe Boilers	„	„	2
Gut Scraper	„	„	1
Hide, Skin and Fat Depots	„	...	2
Rag and Bone Depots	...	...	4
Fried Fish Shops	...	...	149

It is satisfactory to note that all the offensive trades, with the exception of Rag and Bone, and Fried Fish businesses, are at the Abattoirs, where the effluvia emitted by them is not detected by any large body of people. They are also under daily observation by the Superintendent of the Abattoirs and the Meat Inspectors.

It will be observed that I am able to give the number of Fried Fish Shops in the town. This business, being a scheduled "Offensive trade," may not be established without the consent of the Sanitary Authority, under an Order, which came into operation on the 13th March, 1914. On the 26th April, 1930, a Declaratory Order under Section 112 of the Public Health Act, 1879, as amended by Section 51 of the Public Health Acts (Amendment) Act, 1907, came into operation and scheduled "Chip Potato Frying" as an Offensive Trade, and this business cannot now be established without the consent of the Sanitary Authority. The number of fish friers' premises on the register during 1936 was 149.

During the year 20 applications to establish a fish frying business were received. Two of these were granted and 18 refused. Of the 149 businesses in the town, 79 were in existence prior to their being scheduled as offensive trades, 23 licences were granted without limit of time, and 47 were granted subject to yearly renewal.

One fish and chip shop yearly renewal licence lapsed owing to demolition of premises.

Common Lodging-houses.—Under the Blackpool Improvement Act, 1901, sec. 47, the common lodging-houses, previously existing were re-registered. These houses, with their accommodation, are as follows :—

Eden Street : 160 adults and 1 child.

Seed Street : 56 adults and 1 child.

594 visits of inspection were paid, and it was found on the whole that the lodging-houses were kept in a clean condition, and managed satisfactorily.

Sands Inspections.—During the year 1936, 15 inspections of the foreshore were made by the Sanitary Inspectors and in 2 instances there was evidence of pollution by means of solid excreta.

At the Anchorsholme Lane outfall and the storm overflow at Harrowside there is no screening apparatus, but the Local Authority are at present carrying out extensive sewerage works which include the installation of suitable plant.

The western seaboard is the town's greatest asset and no expenditure of money is too great to prevent its pollution.

Rents Restriction Act, 1920-1923.—No applications were received from occupiers of dwellinghouses for certificates under this Act.

Rats and Mice (Destruction) Act, 1919.—Consistent and regular action has been taken in dealing with all complaints of rat-infested premises, and the method of extermination has been principally by poisoning, use of traps, dogs and ferrets, and gassing.

The poison principally used where suitable was Phosphorus, and this poison has been found to be more efficient than any other previously used.

Repeated visits have been made to piggeries, poultry farms, allotments and farm buildings, and advice and assistance given.

No. of premises dealt with	...	...	...	...	132
No. of householders to whom rat poison was sold	...				9
No. of rats caught by dogs, ferrets and traps	...				458

It is impossible to estimate the number of rats which were destroyed as a result of laying poison baits.

During National Rat Week, advertisements and articles in the local press contributed to the success of that effort.

No proceedings were instituted under the Rats and Mice (Destruction) Act.

Verminous Premises.—The past year has been noticeable for a large increase in the number (509) of houses treated for vermin infestation, this being due principally to the appreciation by the general public of the services which are rendered by the Department in the cleansing of infested premises.

The fumigation of verminous properties has been the subject of three special reports to the Health Committee, and in view of the extent of the problem, considerable experiments have been carried out in order to check the spread of bugs.

Prior to the year 1924, it was the accepted practice for disinfestation to be carried out by means of sulphur dioxide gas generated by the burning of sulphur in iron containers, surrounded by a water bath to minimise the risk of fire. This diffusion of gas killed a proportion of the bugs, but seldom was a permanent cure. Being heavier than air (specific gravity 2.23) the gas does not linger in the upper reaches of the rooms where bugs are mainly found, and it has the added disadvantage of driving the insects into adjacent houses. Customs die hard, and it is remarkable how poorer occupants of houses continue to use this method of "burning sulphur candles."

Supplementing this method, the spraying of liquid insecticides was resorted to, but experience has proved that even by repeated spraying by experts, bugs are difficult to exterminate by this method.

About ten years ago it was decided to enlarge and combine both these methods, and a system was instituted of removing skirting boards, architraves, etc., and exposing the surfaces to the flame of a plumber's blow-lamp; a liquid insecticide was then sprayed into all crevices, and fumigation with sulphur dioxide later took place. In bad cases, further spraying with liquid and gassing with sulphur dioxide was resorted to, the quantity of sulphur per 1,000 cubic feet of air being about 3 lbs.

This new method met with a fair measure of success, and it was a great advance on the old systems, but it was most difficult to effect a permanent cure. To improve the efficiency of gaseous fumigation repeated experiments have been carried out with the additions of

varying proportions of sugar and saltpetre to powdered sulphur, and thus by the creation of additional oxygen, it was found possible to burn 5 lbs. of sulphur per 1,000 cubic feet of air.

In July, 1934, fumigation by HCN was commenced and the two methods of fumigation by this gas have been from (a) a cylinder containing a defined quantity of liquid HCN (Hydro-cyanide acid gas) and (b) discs in sealed tins each disc containing one ounce of liquid cyanide.

The undermentioned table shows the number of houses which have been fumigated :—

	1934	1935	1936
Occupied... 	53	247	242
Unoccupied 	29	108	104
TOTAL 	82	355	346

of these 40 belong to the Local Authority, and the remainder, 306, to private individuals.

Our experiences have covered all seasons of the year, and all types of houses have been fumigated from large boarding-houses to the ordinary small working-class dwellings. Out of the 346 houses fumigated during 1935-36, re-infestation occurred in 6 cases only. This proportion shows an efficiency of 98 per cent., and considering the difficulties encountered in sealing effectively ordinary dwelling-houses and preventing a leakage of gas, such results testify as to the efficiency of HCN gas.

From the commencement of this method of fumigation it has been realised that owing to the toxic state of the gas, special precautions are necessary, and bedding from occupied premises has always been removed for steam disinfection, and not returned until the house has been declared clear. In addition, the premises while under gas are guarded by a member of the staff of the department, and in the event of adjacent premises being occupied, arrangements have been made in every case for the vacation of the house during the whole period of the gassing. From July, 1934, to October of that year, it was the custom to allow the house to be re-occupied the same night, but owing to the difficulty in clearing the house during the cold damp period of the year, instructions were issued that the property which was disinfested must not be re-occupied until after a period

of 24 hours. Thus it will be observed that the precautions mentioned in Circular 1497 of the Ministry of Health, dated 17th September, 1935, were being carried out by this department prior to the receipt of that circular.

The number of houses reported upon last year as verminous was greater than in any other previous period, and consequently only a bold, continuous, and efficacious policy of bug destruction will suffice to keep a reasonable standard of cleanliness in a popular health resort. Owing to the influx of populations from industrial areas the risk of infestation of properties is perpetual, but the efforts made by the department during the past two years are such as to offer good grounds for believing that the infestation has at least been checked.

As mentioned in the Annual Report of last year, it has been decided that one of the conditions of the acceptance of the tenancy of a municipal house is an inspection of the furniture for vermin, by the Public Health Department prior to removal, and this procedure has already proved satisfactory in preventing municipal houses becoming infested with bugs.

One of the greatest difficulties confronting the checking of the spread of infestation is the mobility of certain tenants who are constantly changing their habitat, leaving a trail of bugs in the houses vacated. In many instances these houses are of good class type, and it is very disconcerting both to the owner of the property and the Local Authority to find new dwelling-houses infested with these pests. To assist owners, the department has instituted a scheme similar to the one described above relating to prospective municipal tenants, whereby the furniture of the incoming family is examined before removal, and a report submitted to the owner concerned. This departure is already being appreciated by many owners of properties, and it is expected that it will become an accepted practice in the matter of approved tenants, as is the general established custom now for a tenant applying for a municipal house.

Another factor of importance is the transference of ownership of bedsteads and mattresses; these domestic necessities being the primary cause in the spreading of bugs. During 1935, the Local Authority obtained powers under the Blackpool Improvement Act of that year regarding the sale of verminous furniture—Section 48 of which reads as follows:—

“(1) No person shall sell or expose for sale any second-hand furniture mattresses bed linen or similar articles if the same are to his knowledge infested with bed bugs or if by taking reasonable precautions he could have known the same to be so infested.

- “(2) Any person offending against the provisions of this section shall be liable to a penalty not exceeding five pounds.
- “(3) (a) Any officer of or other person duly authorised by the Corporation in that behalf may enter any premises in which second-hand furniture mattresses bed linen or similar articles are sold or exposed for sale for the purpose of examining whether there be any contravention of the provisions of this section.
- “(b) Every person who refuses to permit any officer or authorised representative of the Corporation to enter any premises or to make any inspection which such officer or authorised representative is authorised under the provisions of this section to enter or make or obstructs any such officer or representative in the execution of his duty under such provisions shall be liable to a penalty not exceeding five pounds.

It is expected that the effect of this legislation will be far-reaching.

Sanitary Conditions of Theatres and Music Halls, etc.—There are within the Borough the following places of Public Entertainments :

Cinemas...	...	...	...	...	...	...	12
Cinemas (also used for Variety, etc.)...	...	...	...	...	...	...	5
Variety, etc.	...	...	...	...	...	...	6
Ballrooms	...	...	...	...	...	...	3

and in accordance with the requirements of the Ministry of Health (Circular No. 120 of 1920) all the premises have been inspected during the year.

Blackpool, being a premier health and pleasure resort, is particularly favoured in the class of building used for public entertainment, and of recent years a considerable amount of money has been spent voluntarily by the proprietors in the improvement of dressing-room accommodation, installation of new ventilating machinery, and reconstruction of sanitary conveniences.

From the point of view of Public Health the standard in this class of building is quite satisfactory.

The Shops Act, 1934.

In Blackpool, as in other health resorts, there is a much larger proportion of shops than in industrial areas, with the result that the coming into operation of this much-overdue legislation has added considerably to the responsibilities of the Public Health Department.

The number of shops exceeds 3,500, and to prevent overlapping in official action, the Watch Committee, who are the responsible body for the administration of the Shops Acts, 1912-1934, appointed the Chief Sanitary Inspector and the six District Inspectors to carry out the provisions of Section 10 of the Act of 1934, relating to the lighting of shops and the provisions of washing facilities. Ventilation, temperature and sanitary conveniences in shops are the responsibility of the Health Committee, and consequently the carrying out of all these duties by the same officers, has prevented duplication, and increased efficiency.

During 1936 470 shops were inspected and of these 234 were found satisfactory, and 236 contravened Section 10 in the manner specified in the undermentioned table :—

Classified Defects.

	None.	Defective or unsatisfactory.
Sanitary Accommodation	189	2
Washing facilities	180	—
Lighting	—	—
Ventilation	41	—
Temperature	—	—

These figures clearly demonstrate the justification for this special legislation promoted for the welfare of shop assistants.

In consequence of the action of the Department, 208 notices have been served with the approval of the Health Committee, and in 169 instances these have been complied with by the owners or occupiers. 20 certificates of exemption for sanitary accommodation and one for washing facilities were granted where such facilities were conveniently available.

Milk Supply.

The following is a list of the Milk Purveyors in the Borough :—

Milk Stores	...	...	...	...	...	3
Milk Shops selling by retail	...	...	...	...	...	57
Dairymen's Premises, not including farmers	...	...	...	...	...	97
Purveyors of Milk	...	...	...	...	...	332
„ Ice Cream	...	...	...	...	...	370
„ Cream	...	...	...	...	...	39
No. of Producers in the Borough	...	...	...	...	...	44

At the present time 126 farmers are sending milk into the Borough by means of carriers, wholesale dealers and retailers.

It will be noticed that there has been a marked decrease since last year in the number of shops retailing loose milk.

During the year 18 dairymen, 54 purveyors of milk, and 45 purveyors of ice cream applied for registration.

Milk (Special Designations) Orders, 1923 and 1936.

The following licences were in operation at the end of the year 1936 :—

(a) PRODUCERS' LICENCES.

Tuberculin Tested (Certified)	...	...	...	1
Accredited	...	...	...	6

(b) LICENSED BOTTLING ESTABLISHMENT.

Tuberculin Tested	...	...	...	...	2
Accredited	...	...	...	...	3
Pasteurised	...	...	...	...	4

(c) DEALERS' LICENCES.

Tuberculin Tested and Tuberculin Tested (Certified)							12
Accredited	13
Pasteurised	2

(d) SUPPLEMENTARY LICENCES.

Pasteurised	1
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Milk and Ice Cream Analysis.—The following statistics relate to the chemical and bacteriological examination of milk and ice-cream.

CHEMICAL ANALYSIS OF MILK.

The number of samples taken was 231, of which 30 were below the limits prescribed by the Sale of Milk Regulations, 1901.

All samples were examined for preservatives and colouring matter and in all cases these were found to be absent.

The average composition of the milk for the year was :—

Milk Fat.	Non-fatty Solids.	Water.
3.74%	8.85%	87.41%

The following table shows the monthly variation :—

Month.	No. of Samples.	Milk Fat.	Solids, Non-fatty.
January ...	16	3.65%	8.84%
February ...	6	4.03%	8.93%
March ...	13	3.37%	8.89%
April ...	21	3.56%	8.97%
May ...	15	3.88%	8.97%
June ...	15	3.34%	8.90%
July ...	20	3.33%	8.78%
August ...	13	3.52%	8.93%
September ...	16	3.55%	8.92%
October ...	20	3.67%	9.00%
November ...	11	3.88%	8.89%
December ...	65	4.17%	8.71%

The quarterly variation was as follows :—

1st Quarter ...	35	3.61%	8.87%
2nd Quarter ...	51	3.59%	8.95%
3rd Quarter ...	49	3.45%	8.87%
4th Quarter ...	96	4.03%	8.78%

BACTERIOLOGICAL ANALYSIS.

ORDINARY MILK.—95 samples of ordinary milk brought from outside the Borough for sale or consumption within the Borough and 48 samples from farms within the Borough were submitted for examination for the presence of Tubercle Bacilli, and 11 were found to be positive.

Of these, 8 were from farms outside the Borough and 3 from producers in Blackpool.

The following Table shows the comparative results of the samples from outside the Borough submitted for bacteriological examination :—

Bacterial Count per c.c.	1935	1936
0—30,000 ...	9	24
30,000—100,000 ...	4	4
100,000—200,000 ...	4	2
200,000—500,000 ...	6	2
500,000—1,000,000 ...	4	0
1,000,000—2,000,000 ...	2	1
Over 2,000,000 ...	32	13
TOTAL ...	61	46

Of the 46 samples taken during 1936, 30 contained B. Coli in 1/100 c.c.

Comparing with the Accredited standard of 200,000 bacteria per c.c., it will be observed that 16 or 35 per cent. contained total bacteria below that standard, a marked improvement compared with last year.

In addition 143 samples were examined for the presence of Tubercle Bacilli and 11 were found to be positive.

The details are as follows :—

	No. of Samples.	Found to contain T.B.
Produced outside the Borough ...	95	8
Produced inside the Borough ...	48	3

SEDIMENT TESTS.—During the year 77 samples of Milk from sources outside the Borough were tested for dirt by means of the “ Minit ” Sediment Tester, with the following results :—

Good.	Fair.	Bad.
31	24	22

In all cases where the result was unsatisfactory, the Local Authorities and the farmers or wholesalers were communicated with and further samples taken in every case proved satisfactory.

GRADED MILKS.

The following table shows the results of samples taken under the Milk (Special Designations) Order 1923 and 1936 :—

GRADE OF MILK.	Outside the Borough.		Inside the Borough.	
	Satisfactory.	Unsatisfactory.	Satisfactory.	Unsatisfactory.
Tuberculin Tested (Certified) or Tuberculin Tested ...	9	—	10	—
Accredited	6	*4	20	1
Pasteurised	9	2	31	3

*Three of these samples were produced outside the Borough, but were bottled at a licensed bottling establishment inside the Borough.

In addition three samples of Tuberculin Tested (Certified) and 71 samples of Accredited Milk were examined for the presence of Tubercle Bacilli and 5 samples (3 primary and 2 follow-on) of Accredited Milk were found to be positive.

Of the 3 primary samples found to be positive, 2 were from producers inside the Borough and 1 from a farmer outside the Borough.

Tuberculosis Order, 1925.—This order came into operation on the 1st September, 1925, Mr. Tom Walker, M.R.C.V.S., and Inspector Dixon were appointed Veterinary Officer and Inspector respectively.

During the year 340 cows in milk, 68 other cows or heifers, and 144 other bovine animals were examined under the Order. Six cows were found to be affected with Chronic Cough, and showing definite clinical signs of Tuberculosis. Two cows were found to be affected with Tubercular Emaciation. One cow was found to be affected with Tuberculosis of the udder and two cows were found to be giving Tuberculous Milk.

These animals were slaughtered and the carcasses destroyed.

Examination of Cattle.—The Veterinary Inspector examines at least once quarterly all the live cattle within the Borough and submits a quarterly report, from which the following details have been compiled :—

		Milking Cows examined.	Total examined.
First Quarter	...	1049	1697
Second Quarter	...	1053	1607
Third Quarter	...	1062	1667
Fourth Quarter	...	1043	1559

The Veterinary Inspector dealt with 11 cases of generalised tuberculosis which were slaughtered under the Tuberculosis Order. Eighteen animals were found to be suffering from Mastitis which recovered under treatment, and twenty-two cases of Indurated Udder. The health and condition of the cattle inspected was found on the whole to be good.

Ice Cream.—The number of Ice Cream premises on the Register at the end of the year was 383. These premises are kept under rigid supervision by Inspectors Dixon and Cox and during the year 670 visits were paid to them.

Thirty-six samples were sent to the Public Health Laboratory, Manchester, for bacteriological analysis, and the following is a synopsis of the reports received upon them :—

ABSTRACT OF THE RESULTS OF THE BACTERIOLOGICAL EXAMINATION OF ICE-CREAM.

BACTERIAL COUNT PER C.C.	NO. OF SAMPLES.	PRESENCE OF B. COLI.	NO. OF SAMPLES.	PRESENCE OF ENTEROCOCCUS (S. F. C.).	NO. OF SAMPLES.
0—30,000 ...	17	Present in 1 c.c.	6	Present in 1 c.c.	6
30,000—100,000 ...	6	" " 1/10 c.c.	8	" " 1/10 c.c.	13
100,000—200,000 ...	5	" " 1/100 c.c.	9	" " 1/100 c.c.	7
200,000—500,000...	3	" " 1/1000 c.c.	2	" " 1/1000 c.c.	1
500,000—1,000,000 ...	2	" " 1/10,000 c.c.	1	" " 1/10,000 c.c.	3
1,000,000—2,000,000 ...	0	" " 1/100,000 c.c.	1	" " 1/100,000 c.c.	2
Over 2,000,000 ...	3	" " 1/100,000 c.c.			
TOTAL ...	36		27		32

Other Foods.—The following is a list of shops in the Borough where food is exposed for sale :—

Where Butchers' Meat is sold	...	...	...	251
Meat Stalls	...	...	...	16
Fish Shops	...	...	...	80
Grocery and Provisions	...	...	...	502
Confectioners' Shops	...	...	...	248
Restaurants, Cafes and Tea-rooms	...	...	...	201
Fruit Shops	...	...	...	129
Tripe Shops	...	...	...	106
Oyster Stalls	...	...	...	13
Fish and Chip Shops	...	...	...	149

Slaughter-houses.—There exist in the Borough the Corporation abattoirs and 3 private slaughterhouses. Daily visits are made by Meat Inspectors for inspection of meat.

Public Slaughter-houses.—The Management of the Public Abattoirs is carried out by a fully qualified Superintendent under the immediate direction and supervision of the Medical Officer of Health.

The premises consist of one Public Slaughter-house used by Butchers in a small way of business, several Private Slaughter-houses, and special premises for the purposes of Triperies, Hide and Skin Depots, Gut Scraping, Offal Disposal, Minced Suet Manufacturing, etc. Special premises have been erected and are used by the Jewish Community for their slaughtering requirements.

All animals slaughtered at the Abattoirs are examined, either by the Superintendent or one of the Meat Inspectors, and no meat leaves the premises which has not been examined and passed as fit for human consumption.

Meat condemned is dealt with by a firm occupying premises at the Public Abattoirs, who manufacture such By-products as Meat Meal, Fats, and this firm collects the blood at the abattoirs, which goes through a process of drying, and is then placed on the market as a Manure.

TABLE SHEWING NUMBER OF ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIRS.

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Cows.....	174	148	127	180	181	223	250	187	206	143	260
Heifers ...	3652	2490	3399	4302	5110	3930	4061	4047	4534	5141	5979
Bullocks ...	1965	2117	2774	2459	1979	2249	2091	2329	2162	2405	2608
Bulls.....	46	33	52	67	49	78	58	29	29	12	46
Calves	1472	1331	1514	1486	1436	1002	1011	1354	1404	1203	1216
Sheep	56943	61980	61653	63110	63143	52871	61484	70014	70897	67706	71920
Pigs	946	1497	2239	2137	2496	2863	3880	3529	3894	4199	4695
Total ...	65198	69596	71758	73741	74394	63216	72835	81490	83126	80809	86724

MILK AND DAIRIES ORDER, 1926.

RETURN OF WORK CARRIED OUT UNDER THIS ORDER.

Floor surfaces of Cowsheds Re-formed.	Floor surfaces of Cowsheds Repaired.	Further lighting of Cowsheds insufficiently Lighted.	Under-drawing of Roofs of Cowsheds.	Ventilation of Cowsheds.	Lifting of low Ceilings of Cowsheds.	New Cowsheds provided.	Cowsheds abolished.
15	5	10	7	11	1	5	6
New Dairy Premises Provided.	Floor surfaces of Dairies Re-formed.	Sterilisation Equipment Provided.	New Middensteads Provided.	Yard Surfaces repaired and re-formed about Farm Buildings.	Re-draining of Farm Buildings.	Minor Repairs to Cowsheds.	
11	7	4	3	6	7	3	
Fylde Water Supply Provided.	New Wooden Bostins Provided.	New Cement Bostins Provided.	Walls of Cowsheds Rendered with Cement.	Middensteads Repaired and Re-drained.			
2	4	3	4	3			

General Food Supply.—The following visits were paid during the year :—

Milkshops and dairies ...	...	...	...	...	947
Cowsheds in the Borough ...	...	...	...	...	789
Cowsheds out of the Borough...	...	...	...	...	23
Ice Cream stalls ...	...	...	...	...	403
Ice Cream workshops ...	...	...	...	...	267
Public slaughter-houses ...	...	...	...	...	106
Other slaughter-houses ...	...	...	...	...	786
Butchers' shops ...	...	...	...	...	4,950
Other shops ...	...	...	...	...	4,632

In all cases where vendors of food have any doubt as to the quality of any article they are invited to send to the Health Office, when the Medical Officer of Health or Food Inspector will at once call and pass an opinion on the article. This arrangement continues to be largely taken advantage of.

It is very desirable that the Corporation should have powers to require the registration of all premises where human food is prepared, stored, or sold. The necessity also of clearing houses for meat brought in from outside districts has already been commented upon.

The Agricultural Produce (Grading and Marking) Act, 1928.—

The above Act provides for the Grading and Marking of Agricultural produce produced in England and Wales and for purposes connected with the Order.

EGGS.—Regulations governing Eggs were made during 1928. Three grades were made each for Hen and Duck Eggs. These grades designated the quality of the eggs. Subsequently further regulations were made whereby there are now four grades of Hen and Duck eggs. These regulations also govern the marking of British eggs which have been "Preserved," "Chilled," and "Cold Stored." Blackpool depends for her fresh egg supply on the local farmers and no grading is carried out, the farmers generally mixing their eggs (all sizes) and selling at a slightly less price. Considerable quantities of Northern and Southern Ireland graded eggs are sold in Blackpool. The regulations governing "Preserved," "Chilled," and "Cold Stored" British eggs are carried out without the slightest trouble.

BEEF.—Regulations governing British Beef and prescribing grades do not apply locally being confined chiefly to Birmingham and Smithfield.

WHEAT FLOUR, MALT FLOUR, MALT EXTRACT, BROCOLI, APPLES AND PEARS, POTATOES, TOMATOES AND CUCUMBERS.—Regulations governing the above British products have been made. The grading of these products is not compulsory. There is one Egg Grading Station in the Borough where the grading of eggs is carried out.

BLACKPOOL AERODROME.

The municipal aerodrome is situated adjoining Stanley Park near the easterly boundary of the Borough.

At present the aerodrome is leased by the Corporation to a private company who maintain frequent services to Liverpool and the Isle of Man, with extensions to Belfast, Carlisle and Glasgow.

Blackpool is an air-port, and on the suggestion of the Ministry of Health, that in order that the municipal air-port may be designated as a sanitary air-port the Medical Officer of Health was appointed Medical Officer of the air-port and placed in a general control of the medical and sanitary arrangements.

The arrangements for the conveniences of passengers are satisfactory.

CREMATION.

The new Crematorium at Carleton was opened in September, 1935, and in accordance with Statutory Rules and Orders, M.1016, your Medical Officer of Health was appointed Medical Referee, and your Tuberculosis Officer was appointed Deputy Medical Referee.

Briefly, the duties of the Medical Referee are as follows :—

1. He shall not allow any cremation to take place if it appears that the deceased left a written direction to the contrary.
2. He shall not (except where a post-mortem examination has been made, or an inquest held and a Certificate given by the Coroner) allow any cremation to take place unless he is satisfied
 - (a) by the production of a certificate that the death of the deceased has been duly registered.
 - (b) by the production of a certificate that the death of the deceased is not required by law to be registered in England.
3. He shall examine the application and certificates before allowing the cremation.
4. He shall not allow the cremation until satisfied that the application is made by an executor or nearest surviving relative of the deceased, or that the person making the application is a proper person to do so.
5. He shall not allow the cremation unless satisfied that the fact and cause of death have been definitely ascertained.
6. If it appears that death was due to poison, violence, illegal operation, privation or neglect, or any other suspicious circumstance, he must obtain a Certificate from the Coroner before giving the necessary certificate.
7. He shall make such reports to the Secretary of State as may from time to time be requested.
8. He may in any case decline to allow the cremation without stating any reason.

The first cremation at the new Crematorium took place on the 25th September, 1935, and from that date to the end of 1936 the number of Certificates issued by me was 140.

THE FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Informal Samples		Nature of Sample.	Formal Samples	
Taken	Not Genuine		Taken	Not Genuine
1	—	Almonds, Ground	—	—
2	—	Apples	—	—
1	—	Apples, Dried	—	—
1	—	Bacterol	—	—
1	—	Baking Powder	—	—
1	—	Barley, Pearl	—	—
—	—	Beef, Potted	5	3
—	—	Beef Paste	1	—
—	—	Beef, Minced	1	—
1	—	Beans, Tinned	—	—
1	—	Beer, Mild	—	—
2	—	Beer	—	—
2	—	Boracic Ointment	—	—
1	—	Borax	—	—
3	1	Brawn	3	1
3	—	Bread and Butter	—	—
7	—	Butter	21	—
1	—	Camphorated Oil	—	—
—	—	Cheese	1	—
1	—	Cheese, Stilton	—	—
1	—	Cherries, Glace	—	—
1	—	Cinnamon, Ground	—	—
1	—	Cocoa	—	—
3	—	Coffee	2	—
1	—	Coffee and Chicory	—	—
1	—	Corn Flour	—	—
1	—	Crab, Dressed	—	—
—	—	Cream	9	—
1	—	Cream of Tartar	—	—
1	—	Currants	—	—
1	—	Curry Powder	—	—
1	—	Egg and Veal	—	—
1	—	Fruit, Dried	—	—
2	—	Gelatine	—	—
2	—	Gin	—	—
3	—	Ginger, Ground	—	—
4	—	Glycerine and Borax	—	—
1	—	Iodine, Tincture of	—	—
2	1	Jam, Blackcurrant	—	—
1	1	Jam, Strawberry	—	—
1	—	Jelly, Blackcurrant	—	—
—	—	Lard	7	—
—	—	Lemon Cheese	1	—
1	—	Lemon Squash	—	—
1	—	Lime Juice Cordial	—	—
1	—	Lobster Paste	—	—
1	—	Magnesia, Cream of	—	—
—	—	Margarine	4	—
1	—	Marmalade	—	—
—	—	Meat, Potted	2	—
5	2	Milk	166	11
—	—	Milk, Accredited	2	—
—	—	Milk, Hot... ..	2	1
69	5	Carried forward	227	16

Informal Samples		Nature of Sample.	Formal Samples	
Taken	Not Genuine		Taken	Not Genuine
6	5	Brought forward	227	16
—	—	Milk, Pasteurised	1	—
—	—	Milk, Tuberculin Tested... ..	1	—
2	—	Milk, Condensed, Sweetened, Skimmed	1	—
2	—	Milk, Condensed, Full-Cream, Unsweetened	1	—
1	—	Milk, Dried	—	—
4	—	Minced meat	—	—
1	—	Orange Squash	—	—
1	—	Peas, Tinned	—	—
1	—	Pears, Dried	—	—
1	—	Peel, Candied	—	—
—	—	Pepper	1	—
2	—	Pickles	—	—
1	—	Powder, Gregory	—	—
3	—	Prunes	—	—
1	—	Rice, Ground	—	—
1	—	Rum	—	—
1	—	Salmon Paste	1	—
2	—	Sauce	—	—
1	—	Sauce, Tomato	—	—
1	—	Sausage	9	—
—	—	Sherry	1	—
—	—	Shredded Suet	1	—
1	—	Shrimps	4	—
1	—	Shrimps, Pickled	2	—
3	—	Shrimps, Potted	1	—
—	—	Soda Water	1	—
—	—	Steak, Minced	1	—
3	—	Sugar, Demerara	—	—
1	—	Sultanas	—	—
1	—	Sweets	—	—
1	—	Tapioca	—	—
2	—	Tea	—	—
1	—	Turkey and Ham Roll	—	—
1	—	Tomatoes, Tinned	—	—
—	—	Vinegar	4	1
1	—	Walnuts, Pickled... ..	—	—
1	—	Whisky	—	—
1	—	Wine, Ginger	—	—
—	—	Wine, Red Sweet Mountain	1	—
—	—	Wine, White Port	1	—
—	—	Wine, Red Port	1	—
1	—	Zinc Ointment	—	—
114	5		260	17

REMARKS.

Brawn. Informal Sample No. 62.—Deficient of 33 per cent. of its meat solids. Reported to Health Committee. No action taken.

Beef, Potted. Formal Sample No. 209.—Contained Compounds of Boron—3,000 parts per million (calculated as Boric Acid). Reported to Health Committee. See Sample No. 223.

Beef, Potted. Formal Sample No. 222.—Contained Compounds of Boron—850 parts per million (calculated as Boric Acid). Reported to Health Committee. See Sample No. 223.

Beef, Potted. Formal Sample No. 223.—Contained Compounds of Boron—950 parts per million (calculated as Boric Acid). Reported to Health Committee. Legal proceedings instituted. Defendant fined £1 and 14s. 2d. costs.

Brawn. Formal Sample No. 333.—Deficient of 10 per cent. of its Meat Solids. Reported to Health Committee. Warning letter sent to Vendor.

Jam, Blackcurrant. Informal Sample No. 212.—Deficient in Soluble Solids to the extent of 7.5 per cent. Reported to Health Committee. No action taken.

Jam, Strawberry. Informal Sample No. 213.—Deficient in Soluble Solids to the extent of 3.5 per cent. Reported to Health Committee. No action taken.

Milk. Informal Sample No. 1.—Contained Milk 91 per cent. Added water, 9 per cent. Reported to Health Committee. A further sample was taken, which was genuine.

Milk. Informal Sample No. 31.—Contained Fat 2.46 per cent. Solids not Fat 8.89 per cent. Water 88.65 per cent. Deficient of 18 per cent. of its Fat. Reported to Health Committee. A further sample was taken, which was genuine.

Milk. Formal Sample No. 86.—Deficient of 13 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor. In connection with Sample No. 86, six "Appeal to the Cow" samples were taken and all found to be genuine.

Milk. Formal Sample No. 146.—Deficient of 5 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor.

Milk. Formal Sample No. 153.—Deficient of 4 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor.

Milk. Formal Sample No. 154.—Deficient of 9 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor.

Milk. Formal Sample No. 157.—Deficient of 4 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor.

Milk. Formal Sample No. 171.—Deficient of 16 per cent. of its Fat. Reported to Health Committee. With reference to Sample No. 171, five "Appeal to the Cow" samples of milk were taken with the following results:—

- No. 1. Deficient of 4 per cent. of its Fat.
- No. 2. Deficient of 3 per cent. of its Fat.
- No. 3. Deficient of 19 per cent. of its Fat.
- No. 4. Deficient of 15 per cent. of its Fat.
- No. 5. Genuine.

No action taken.

Milk. Formal Sample No. 202.—Deficient of 6 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor.

Milk. Formal Sample No. 203.—Deficient of 7 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor.

Milk. Formal Sample No. 291.—Deficient of 7 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor.

Milk. Formal Sample No. 309.—Deficient of 10 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor.

Milk. Formal Sample No. 340.—Deficient of 11 per cent. of its Fat. Reported to Health Committee. Warning letter sent to Vendor. With reference to this Sample, fifty-one Appeal to Cow samples of Milk were taken with the following results:—

- No. 1. Deficient of 4.12 per cent. of its Solids-not-Fat.
- No. 3. Deficient of 1.76 per cent. of its Solids-not-Fat.
- No. 4. Deficient of 0.59 per cent. of its Solids-not-Fat.
- No. 8. Deficient of 3.41 per cent. of its Solids-not-Fat.
- No. 6. Deficient of 7.77 per cent. of its Solids-not-Fat.
- No. 13. Deficient of 0.24 per cent. of its Solids-not-Fat.
- No. 12. Deficient of 17.65 per cent. of its Solids-not-Fat.
- No. 18. Deficient of 2.35 per cent. of its Solids-not-Fat.

- No. 25. Deficient of 2.47 per cent. of its Solids-not-Fat.
 No. 34. Deficient of 4.24 per cent. of its Solids-not-Fat.
 No. 35. Deficient of 1.53 per cent. of its Solids-not-Fat.
 No. 38. Deficient of 0.47 per cent. of its Solids-not-Fat.

The remainder of the Follow-on Samples were genuine. The matter was reported to the Health Committee, and further samples will be taken in due course.

Milk, Hot. Formal Sample No. 232.—Deficient of 16 per cent. of its Fat. Reported to Health Committee.

Vinegar, Malt. Formal Sample No. 253. Contained Acetic Acid 4.5 per cent. Total Solid Matter, 0.3 per cent. Water, 95.2 per cent. Sample was not Malt Vinegar. It was a dilute solution of Acetic Acid, artificially coloured. Reported to Health Committee. Warning letter sent to Vendor.

MERCHANDISE MARKS ACT, 1926.—Section 2 of this Act gives power by means of Orders in Council, to require that imported goods on importation, on exposure for sale, wholesale and retail, must bear an indication of their origin. In pursuance of that authority Orders in council have been made with respect to certain foodstuffs :—

Class of Food.	Date of Order operative.
Fresh apples	November 13th, 1928.
Honey	January 13th, 1929.
Dried eggs	March 21st, 1929.
Eggs (Hen or Duck) in shell	April 21st, 1929.
Currants, Sultanas and Raisins part	April 21st, 1929.
part	June 21st, 1929.
Oat products, i.e., Oatmeal, Rolled Oats (not including Crushed or Bruised Natural Oats), Oat Flour and Groats... ..	June 21st, 1929.
Raw Tomatoes	March 17th, 1930.

Provision is made under Sec. 9 of the Act for the administration by Local Authorities of this Statute and the Orders made thereunder. Power of entry is provided for an authorised officer is entitled to take samples, and Chief Inspector Priestley has been appointed to carry out the provisions of this Act.

CARAVANS AND WOODEN STRUCTURES, 1936.

These structures are situated in various parts of the Borough and although this type of dwelling has decreased by 286 since 1926, there still remains 331 of which 250 are occupied by 395 adults and 62 children over 10 years of age and 74 under 10 years.

During the year 8 structures were demolished and 6 removed in pursuance of action taken by this Department and as a result 52 adults and 7 children were displaced.

The absence of proper drainage and adequate sanitary conveniences, a readily accessible water supply, adequate washing accommodation, and facilities for food storage and preparation, in many cases make this type of dwelling fall far short of the standard required under the Housing Acts.

It is intended to take action against most of these structures as a result of the coming into operation of Section 80 of the Housing Act, 1935.

NUMBER OF TENTS, VANS AND SHEDS, 31st DECEMBER, 1936.

Number	Occupied	Unoccupied	Number of Adults	Children over 10 years	Children under 10 yrs.
331	250	81	395	62	74

During the year 6 occupied and one unoccupied vans arrived in Blackpool containing 44 adults and 21 children.

The rate at which further progress can be made in this direction, is entirely dependent upon the adequate re-housing accommodation being provided by the Local authority. The large number of smaller dwelling-houses erected during the past year by private enterprise both in the old Borough and the recently added area, must have eased the housing situation to some extent, but a large number of the occupants of wooden structures owing to economic circumstances will have to be rehoused in municipal houses.

Housing.—I am indebted to the Borough Treasurer for furnishing me with information as to the number of houses inhabited and uninhabited at the time of the yearly enumeration, and for the sake of comparison I give the corresponding figures for the years since 1903.

The figures for 1936 were obtained by an enumeration held during December, 1936.

NUMBER OF HOUSES.

				Empty.	Inhabited.	TOTAL.
1903	...	...	...	309	11,181	11,490
1904	...	...	...	272	11,494	11,766
1905	...	...	...	188	11,789	11,977
1906	...	...	...	191	12,053	12,244
1907	...	...	...	153	12,334	12,487
1908	...	...	...	171	12,607	12,778
1909	...	...	...	200	12,994	13,194
1910	...	...	...	207	13,361	13,568
1911	...	...	...	298	13,714	14,012
1912	...	...	...	282	14,209	14,491
1913	...	...	...	121	14,784	14,905
1914	...	...	...	130	15,096	15,226
1915	...	...	...	105	15,682	15,787
1916	...	...	...	77	15,963	16,040
1917	...	...	...	27	16,016	16,043
1918	...	...	...	34	16,877	16,911
1919	...	...	...	144	16,848	16,992
1920	...	...	...	403	17,085	17,488

				Empty	Inhabited	TOTAL
1921	...	...	...	375	17,708	18,083
1922	...	...	...	270	18,392	18,662
1923	...	...	...	619	19,288	19,907
1924	...	...	...	784	20,844	21,628
1925	...	...	...	895	22,060	22,955
1926	...	...	...	849	23,189	24,038
1927	...	...	...	744	24,386	25,130
1928	...	...	...	809	25,853	26,662
1929	...	...	...	643	26,585	27,228
1930	...	...	...	759	27,174	27,933
1931	...	...	...	973	27,916	28,889
1932	...	...	...	1,042	28,846	29,888
1933	...	...	...	960	30,301	31,261
*1934	...	...	...	744	35,233	35,977
1935	...	...	...	1,098	36,041	37,139
1936	...	...	...	980	37,550	38,530

* Marton, and portions of Hardhorn and Carleton included for the first time.

Housing Statistics.

1.—INSPECTION OF DWELLING-HOUSES DURING THE YEAR—

- (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... 1,833
- (b) Number of inspections made for the purpose ... 1,969
- (2) (a) Number of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 292
- (b) Number of inspections made for the purpose ... 425
- (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 3
- (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 209

2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 334

3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR—

A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	39
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	26
(b) By Local Authority in default of owners...	3

B.—Proceedings under Public Health Acts :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	22
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	21
(b) By Local Authority in default of owners...	—

C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :

(1) Number of dwelling-houses in respect of which Demolition Orders were made	3
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	3

D.—Proceedings under Section 20 of the Housing Act, 1930 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

OVERCROWDING SURVEY.

Pursuant to Section 1 of the Housing Act, 1935, Memorandum " B " of October, 1935 and Circular 1507, a survey was made by the Department regarding overcrowding and the required report submitted to the Health Committee and Ministry of Health.

In a seaside resort of the character of Blackpool and the difficulty experienced in defining a " house for the working classes," it was found impracticable, except in certain wards, to exclude large areas of property from the survey. Consequently the enquiry was of a very comprehensive nature, covering 29,719 structurally separate houses (1,055 empty) and containing 30,886 families. The total number of houses in the County Borough at the end of 1935 was 37,139 and therefore the survey covered 80 per cent. of these dwellings and over 90,000 of the population.

The following table shows the detailed classified results of the survey :—

WARD.	Number of Structurally Separate Houses.		Number of Separate Families.	POPULATION.			OVERCROWDING.						
	Occupied	Empty.		Over 10 Years.	1 to 10 Years.	Under 1 Year.	Structurally Separate Houses.	Lodgers or Lodging Family.	Insufficient Separation of Sexes.	Basements.	Caravans.	Total.	Percentage of Families Overcrowded.
Bispham N. ...	1,471	57	1,526	291	25	—	—	—	—	—	—	3	.1
" C. ...	1,455	48	1,492	323	37	—	—	—	—	—	—	—	
" S. ...	163	5	204	24	1	—	—	—	—	—	—	—	
Warbreck	1,401	61	1,468	359	35	10	—	—	—	—	—	11	.7
Claremont	1,338	25	1,475	386	35	16	—	—	—	—	—	18	1.2
Talbot E.	907	18	1,077	424	17	7	—	—	—	—	—	19	
" W.	395	17	493	108	5	—	—	—	—	—	—	4	1.5
Layton E.	2,173	60	2,387	844	67	17	—	—	—	—	—	46	
" W.	1,454	30	1,525	647	34	25	—	—	—	—	—	30	1.9
Bank Hey	796	23	944	188	12	4	—	—	—	—	—	27	2.9
Brunswick E.	264	6	304	813	5	—	—	—	—	—	—	2	
" W.	233	5	299	761	9	—	—	—	—	—	—	9	1.8
Foxhall W.	349	3	398	1117	5	1	—	—	—	—	—	10	1.8
" E.	1,355	23	1,532	4235	53	10	—	—	—	—	—	26	
Marton S.	2,457	75	2,522	6,839	68	13	—	—	—	—	—	37	1.2
N.	522	27	544	1,446	8	—	—	—	—	—	—	1	
Tyldesley E. ...	1,761	34	1,946	5,462	41	6	—	—	—	—	—	23	1.3
" W.	143	2	814	421	5	—	—	—	—	—	—	5	
Alexandra E. ...	1,049	57	1,122	3,235	25	2	—	—	—	—	—	12	1.0
" W.	488	15	541	1,480	12	2	—	—	—	—	—	5	
Victoria E. ...	2,035	56	2,174	5,972	74	19	—	—	—	—	—	51	2.1
" W.	267	12	334	841	2	—	—	—	—	—	—	3	
Waterloo N. ...	1,520	104	1,588	4,226	35	1	—	—	—	—	—	1	0.2
" S.	1,319	86	1,346	3,590	29	2	—	—	—	—	—	5	
Stanley 1	2,014	146	2,120	5,334	66	26	—	—	—	—	—	61	2.2
" 2	1,335	60	1,361	3,479	41	7	—	—	—	—	—	17	
				82,150	10,004								
TOTAL ...	28,664	1,055	30,886	Equivalent Adults 87,152	726	170	125	2	30	99	426	1.4	

It will be observed that in the whole area, 426 families, or 1.4 per cent., were overcrowded (424 under the House and Room standards, and 2 having insufficient separation of sexes). The worst individual case of overcrowding was a family of $11\frac{1}{2}$ in accommodation for five, and as one of the three rooms allowed in the calculation was a living room, it meant that $11\frac{1}{2}$ persons were sleeping in two bedrooms.

The greatest concentrations of overcrowding occurred in :—

(a) Caravans, etc....	...	42	per cent. overcrowded.
(b) Basement tenements...	18	„	„
(c) Proposed Clearance Areas, etc.	...	35	„

In the case of houses built under the various Housing Acts by the Local Authority, only 1.8 per cent. were found to contravene the standards, whilst there was no overcrowding in the remaining municipal houses which have been acquired by the Local Authority for various purposes.

Layton, Bank Hey, Victoria and Stanley Wards revealed the worst overcrowding, and Bispham, Warbreck and Waterloo Wards were the most satisfactory.

The overcrowding under Tables I and II (House and Room standards) were due to :—

(i) Insufficient accommodation in a structurally separate house	...	170	cases.
(ii) The presence of lodgers or lodging families	... ..	125	„
(iii) Basements	... ..	30	„
(iv) Caravans	... ..	99	„
		<hr/> 424	<hr/> „

These families, and the two overcrowded owing to insufficient separation of sexes, consisted of 1,904 persons.

In addition to the above, over 60 cases called for revision during the next few years, owing to the ages of the children.

During the survey, 1,055 empty structurally separate houses were recorded, distributed over the whole Borough, but where rapid building developments are taking place, a large number of empty properties are inevitable, but these houses are generally not available for re-housing purposes, as they are either for sale, or to let at rents far beyond the capacity to pay, of the families to be re-housed.

Regarding re-housing proposals, the Local Authority decided to solve this problem by means of infiltration into existing municipal houses, and this procedure is being carried out with expedition at the present time.

PROSECUTIONS IN 1936.

MONTH.	ACT.	DETAILS OF OFFENCE.	RESULT.
September	Public Health (Preservatives in Food) Regulations.	Boron in Potted Beef	... Fined £1 and 14s. 2d. costs.
September	Public Health Act.	Burning of Fat and Bone	... Dismissed ; under- taking given to carry out altera- tions to plant.
October ...	Blackpool Bye-laws	Keeping of Pigs	... Fined 10s.
October ...	Food and Drugs (Adulteration) Act, 1928.	Deficient of 21 per cent. of its Fat	... Fined £1 and 13s. costs.

Meteorology.

The Blackpool Observatory is 70 feet above mean sea level, and its geographical position is Lat. $53^{\circ} 49' N.$, and Long. $3^{\circ} 3' W.$

The pre-war publication of observations is now resumed, and daily telegrams are issued, which secure insertion in the press.

The equipment of the Observatory is as in former years, and the list of instruments is given in earlier reports.

SUNSHINE.—Bright sunshine amounted to 1,377.2 hours, or 130.5 hours below the average for the 30 years 1904—1933. The daily mean value was 3.76 hours, as compared with 4.43 in 1935. Sunshine was recorded on 298 days, and the sunniest days were May 28th with 14.6 hours and April 30th, with 13.4 hours respectively. The brightest months were May, 227.0 hours and April, 200.3 hours.

RAIN.—The rainfall for the year was 33.63 inches, or 1.08 below the average for the 30 years 1904—1933. Rain fell on 196 days, and the months with heaviest fall were December, 4.97 inches, September, 4.35 inches and June 4.15 inches. The heaviest fall of rain in one day was 1.50 on the 13th December.

The following is a comparative Table showing Sunshine and Rainfall at other Stations:—

	...	Sunshine.		Rainfall.
Burnley ...	...	917.8	...	43.04
Bolton ...	...	1047.2	...	47.46
Bradford	...	1161.6	...	35.49
Huddersfield	...	982.9	...	33.98
Harrogate	...	1296.6	...	32.73
Lancaster	...	1287.4	...	39.58
Liverpool	...	1341.4	...	28.36
Southport	...	1331.0	...	33.85

GALES.—Seven gales occurred during the year, viz., on January 9th, October 17th, 19th, 26th and 27th, December 4th and 6th. In gusts, the highest wind velocity was 75 miles per hour, on the 26th October.

SNOW fell on four days, viz., January 16th and 19th, February 19th, April 22nd. **HAIL** fell on thirteen days. **THUNDERSTORMS** occurred on four occasions, viz., January 22nd, June 20th, 21st and 30th.

BAROMETRIC PRESSURE.—The mean pressure for the year was 1013.1 mb. The highest observed reading being 1039.0 mb. on December 23rd, and the lowest 972.0 on January 20th. The greatest monthly range of pressure occurred in November, 64.4 mb., and the smallest in June 19.5 mb.

TEMPERATURE.—The mean shade temperature for the year was 49.7. The highest temperature recorded in the shade was 85° F. on the 21st of June, and the lowest was 22° F. on the 19th January. The highest temperature recorded by the black bulb solar radiation thermometer was 127° F. on the 3rd July, and the lowest temperature recorded on the grass was 8° F. on February 4th.

MIST occurred on January 2nd, 8th, 12th, 14th and 16th, March 16th, September 2nd and 25th, October 30th, November 21st, 22nd, 23rd, 26th and 27th, and December 12th, 26th and 27th.

FOG occurred on February 16th, November 24th and 25th, and December 9th and 10th.

HUMIDITY.—The mean relative humidity throughout the year was 82.0% of saturation. The lowest record was 71.0% for the month of April, and the highest was 89.4% for the month of January.

UNDERGROUND TEMPERATURE. — The highest temperature recorded at a depth of one foot was 62.2° F., on the 26th August, and the lowest was 35.3° F. on the 14th February. At a depth of four feet the highest record was 57.0 ° F. on August 18th, and the lowest was 41.6 ° F. on the 20th, 21st, 23rd and 24th February.

WIND.—From daily observation, made at 9 a.m., the following direction was recorded:—N. 31, N.E. 31 ; E. 37 ; S.E. 70 ; S. 28 ; S.W. 50 ; W. 63 ; N.W. 46 ; Calm 10.

MAIN FEATURES OF THE MONTHS OF 1936.

JANUARY.—A noteworthy feature of the month was the exceptionally low mean pressure 998.2 mb., this being the lowest for any month since readings were taken at the Observatory.

The wind reached gale force on the 9th, accompanied by heavy rain and lightning.

The mean temperature was below the average, the deficiency being 1.4 degrees. A very cold spell occurred between the 14th and 19th, some extremely low readings of the screen minima were recorded during this period, the lowest being 22 degrees on the 19th.

Snow fell rather heavily to a depth of 2 and 3 inches during the same period.

Rainfall was in excess of the average, being 3.61 inches and fell on 22 days.

Sunshine was below the average and totalled 38.8 hours. There were twelve sunless days.

Fog occurred rather frequently on the 2nd, 8th, 12th, 14th and 16th.

Thunderstorms occurred on the 9th and 22nd.

Ground frost was registered on 16 nights.

FEBRUARY.—The barometric pressure was much below the average for the sixth month in succession. The deficiency being 6.7 mb.

Winds from the east and south-easterly points were more frequent and stronger than usual.

The mean temperature was 2.1 degrees below the average. The coldest spell occurring between the 8th and 17th. The highest temperature was reached on the 18th, with a maximum of 53 degrees, in the shade during a warmer period from the 18th to the 21st.

The amount of sunshine recorded was 66.9 hours and was only slightly below the average, the first half of the month being the brightest. There were only seven sunless days during the month.

The rainfall total was 2.21 inches and was 1.1 below the average. The first half of the month except for a heavy fall of snow to a depth of 4 inches on the 5th, was very fine.

There were ten successive fine days.

Snow fell on two days, hail on one day.

Fog occurred on one day.

Ground frost was registered on eighteen nights, the most severe being on the 4th when 24 degrees of frost was registered.

MARCH.—The month was distinguished by a marked deficiency of sunshine, only 53.8 hours being recorded, or 70 hours below the average.

The largest amount recorded on any one day was 6.7 hours. This is the lowest total since records were taken so far back as 1885.

Barometric pressure was again below the average. Easterly winds were unusually prevalent and strong winds on the whole infrequent for March.

Mean temperature exceeded the average by 3.2 degrees. A warm spell occurred from the 19th to 24th when the temperature reached or exceeded 60 degrees in the shade.

The total rainfall was 1.86 or 0.39 inches below the average. Nine successive days from the 10th to the 18th were fine but only 3.1 hours of sunshine were registered during the whole of that period.

Fog occurred on one day. Ground frost was registered on five nights.

APRIL.—The weather during this month was distinguished by the cold northerly winds during the first three weeks ; the large deficiency of rainfall and the excessive sunshine.

The mean pressure exceeded the average by 4.0 mb. Strong winds occurred round about the 12th, but no high gusts.

The mean shade temperature was 1.9 degrees below the average and was the coldest April since 1922. The highest maxima being 56 degrees and the lowest minima 30 degrees.

The total amount of sunshine recorded was 200.3 hours or 35 hours above the average and giving 48 per cent. of possible duration. This is the largest amount of sunshine recorded in April since the year 1921. A very bright spell occurred from the 17th to 20th with an average of eleven and a half hours per day.

The rainfall total was 0.95 inches or 1.18 inches below the average. Almost half of this total fell on the first day.

There were three days with hail showers and one of snow.

Ground frost was registered on eighteen nights.

MAY.—The month was outstanding for the large deficiency of rainfall and the prevalence of northerly and easterly winds.

The mean pressure exceeded the average by 4.0 mb.

Winds of light force predominated.

The mean temperature was 1.5 degrees above the average. A marked fluctuation of temperature was observed during the month, the highest maxima being 74 degrees and the lowest maxima 52 degrees. The warmest spell occurred from the 17th to 20th.

The total hours of sunshine was 227 or 30.5 hours above the average and 45.8 per cent. of possible duration. There was no sunless day.

The rainfall was the lowest on record since the year 1905, the total amount being only 0.75 inches. This was 1.65 inches below the average and fell on nine days.

Ground frost was recorded on eight nights.

JUNE.—The outstanding features of the month were the excessive rainfall and the deficiency of sunshine.

The mean barometric pressure was normal and the winds were of a quiet nature.

The mean temperature exceeded the average by 2.2 degrees. A very warm spell occurring from the 18th to the 21st, the maximum reaching 85 degrees in the shade on the 21st. The first week of the month was unusually cool.

The total hours of sunshine was 179.4 or 31.7 hours below the average, only on seven days were 10 or more hours recorded in one day.

The rainfall was 4.15 inches and was 1.97 inches above the average.

Thunderstorms occurred on three days.

JULY.—Unsettled conditions prevailed throughout the month.

The mean pressure was substantially below the average, being 6.3 mb.

Strong south-west to north-west winds predominated although they did not reach gale force.

The mean temperature was about the average. The absence of really warm days was a striking feature of the month only on two occasions did the maximum reach 70 degrees.

The total rainfall was 2.43 inches or 0.57 inches below the average. There were twenty wet days.

Sunshine was very deficient only 140.4 hours being recorded or 52.1 hours below the average.

Although there was only one sunless day, only on three occasions were ten or more hours recorded on one day.

AUGUST.—The weather of the month was distinguished by the marked deficiency of rainfall, and the warm spell during the latter part of the month.

Mean pressure exceeded the average by 5.6 mb, the highest readings were during a period from the 22nd to the 31st.

The mean temperature was slightly above the average, but the first week was rather cool. Subsequently warmer conditions prevailed and from the 20th onwards the days were for the most part really warm.

The rainfall totalled 2.15 inches or 1.72 below the average, and fell on 14 days, the last 12 days were fine.

156.0 hours of sunshine were recorded but was slightly below the average, only on five days were 10 or more hours registered.

At the morning observation the sky was half or more clouded over on no less than 29 days.

SEPTEMBER.—A warm, dull, wet month. The mean pressure was about normal but the mean temperature exceeded the average by 3.0 degrees.

The total hours of sunshine recorded was 114.7 hours or 24.6 hours below the average. Ten hours was the largest amount registered on one day, but there were only three sunless days.

The total rainfall was 4.35 inches or 1.45 inches above the average and fell on 16 days. The first half of the month being particularly wet.

Thunderstorms occurred on two days.

Fog was registered on four days.

OCTOBER.—The first half of the month was particularly fine and mild but the latter half experienced gales and rain. The mean pressure exceeded the average by 5.9 mb.

Gales were recorded on four occasions, during the latter half of the month. The highest gust of the year, 75 miles per hour, was registered on the 26th.

The mean temperature slightly exceeded the average, the warmest spell occurring between the 12th and 16th.

The total rainfall was 2.19 inches or 1.49 inches below the average. No rain fell during the first twelve days of the month.

Sunshine totalled 107.0 hours and was much about the average, the brightest period occurred during the first week of the month.

Hail fell on three days.

Fog occurred on one day.

Ground frost was registered during four nights.

NOVEMBER.—The most striking feature was the persistency of thick fog which occurred towards the end of the month.

Unsettled conditions with heavy rain prevailed from the 1st to the 17th.

The mean barometric pressure was about normal.

Strong winds but not quite reaching gale force occurred during a cyclonic period from the 5th to the 12th.

The mean temperature was slightly above the average, the warmest spell occurring from the 1st to the 5th.

The total rainfall was 4.01 inches and out of this total 3.70 inches fell during the first 17 days.

The total hours of sunshine was 57.7 with 11 sunless days.

Fog occurred on eight successive days from the 20th to the 27th inclusive, which no doubt constitutes a record for the district.

Ground frost was registered on nine nights.

DECEMBER.—The mean barometric pressure during the month exceeded the average by 4.7 mb. Rather high pressure occurred on the 23rd (1039.0 mb.) and remained high until the 27th. During this period cloudy with slight misty conditions prevailed.

Sunshine during the month (35.0 hours) was about the average, the sunniest day (5.1 hours) occurred on the 7th. The latter part of the month was very dull, only 1.2 hours sunshine being recorded in eight days.

Rainfall (4.97 inches) exceeded the average by 1.45 inches, the greatest fall in one day amounted to 1.5 inches on the 13th. During the month 21 rainy days occurred.

The mean temperature exceeded the average by 1.6° F., but about the 6th a cold spell set in and continued until the 10th. During the night of the 6th—7th, 13° F. of ground frost were registered.

Squally north-westerly winds reaching gale force occurred on the 4th and 6th.

Showers of hail occurred on the 1st, 5th and 6th.

Thick fog occurred on the 9th and 10th.

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